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THE MEDICO-LEGAL JOURNAL.

A Quarterly devoted to the Science of Medical Jurisprudence,

PUBLISHED UNDER THE AUSPICES OF THE MEDICO-LEGAL SOCIETY OF THE CITY OF NEW YORK.

This Journal will publish the leading papers of the Medico-Legal Society, and a resume of its transactions. Its columns will at the same time be open to contributions from all sources and from all parts of the world, on appropriate subjects and questions. It will endeavor to chronicle interesting facts and scientific deductions within its domain, and keep a record of current events, especially in the trial of cases in the courts which involve Medico-Legal questions

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Charles P. Daly LL.D.

Chief Judge of the New York Common Pleas
President of the American Geographical Society &c

THE DEBT OF "THE STATE TO THE STATE," AND THE "STATE TO THE PEOPLE." UPON QUESTIONS OF PUBLIC HEALTH.*

By Hon. Erastus Brooks, of New York.

That "the world is governed too much" is a maxim that may wisely be accepted by both the people and the government; and especially is the maxim true in a republic like our own, where the people, when notified of their duty, are reasonably considerate and intelligent. The Declaration of Independence, the Constitution of the United States, and the Constitutions of the several States, all begin with some reference to the peoples' rights and welfare. The great object of government is the diffusion of knowledge, and the enactment of laws for the regulation of States, communities and persons; and among the first of these duties are provisions of law for the safety of the people.

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*Resume of an address delivered before the Medico-Legal Society, Feb. 17, 1886.

In the Congress of the United States, and in the Legislatures of the several States and Territories, it is exceptional to find members of the medical profession. Here and there, it is also true, only are found men who unite an interest in the political and physical welfare of the State. In a certain way we all seek that "good digestion which waits on appetite," looking for " health on both." But far more than in what we eat and drink, and put on and off, we digest our words and thoughts. We may have diversities of opinion as to the causes of diseases, remedies for their cure—as to climates—and exposures, as to habits of living, the safety of buildings, the best methods of drainage, sewage and ventilation in dwellings and workshops; but science and experience will, in time, solve all these differences into one practice or system, while in all that belongs to duty to be performed, or to culpability for neglect of duty commanded to be done in questions relating to the public health, there can safely be no divided counsels.

I place the subject of health as among the first, if not the very first, in the science of political economy. It is a question which belongs to the wealth of the nation and to the prosperity of the people. The man or scientist who is capable of discovering or curing disease, and whom by custom we define as a physician, is, in the established meaning of words, an experimentalist in physics and a natural philosopher. The doctor, in brief. is a person recognized, in law and practice, as one skilled in the art of healing the sick through the agency of proper medicines, and it is this healing of disease in its effects upon communities which covers and governs a material fact in political economy.

THE PREVENTION OF AVOIDABLE DISEASES

is one of the first purposes of a wise government. The cure of bodily disease belongs to the physician, and latterly, happily to the State, the physician, in unselfish methods of counsel and conduct, endeavors to prevent disease and mortality in the best way that promises the removal of disease. He who saves a life, lessens a pain, or prevents a disease, is a public benefactor ; and in this humane work the wise and faithful physicians take the lead. In the presence of such a truth it is not worth while for laymen, at least, to quarrel about schools or forms of medical practice, and all the more at this time is this true, as just now, the country, as never before, is engaged in this work of health education. As a layman, I am glad to see scientific sanitary discoveries more and more developed from year to year, under established forms of law, and when the law is complete, science and law thus embodied and united, the result will be for the common good, and in its uses one of the best gifts of God to man. The death rate will yet be reduced to about one half of its present proportions, and the infirmities of age, the inheritable diseases, and the accidents of life become the only cause of death.

In a Dublin lying-in hospital, over eighty years ago, infant mortality was reduced sixty-eight per cent simply by sanitary purification of the hospital and the hands of the hospital attendants. I have seen even a much larger saving of infant life than this in New York from like causes, and by additional care as to food, ventilation and cleanliness. If we could take in what past generations have communicated to the present, and the present often foreshadows the future, there would be amazement at past neglect and present ignorance and indifference in the saving of life and in the preservation of health. Let me then, just here, present, more for the audience outside of this chamber than for those within it, some facts which are the fruits of observation, study and experience.

First. While sanitary legislation is a public duty, sanitary instruction is the preliminary duty which will secure wise legislation. Lord Derby once said, and with great truth, that you cannot make a population cleanly or healthy against their will, and "where there is the will there is the way," and the will and the way mean both private inclination and the power to apply it. Dr. William Farr, of the English Registrar-General's office, embodying this higher law I have before referred to, has also said that "the hope of saving any number of human lives by hygienic appliances is enough to fire the ambition of every good man who believes in human progress." By these two methods definite human progress is made in all sanitary work and in science itself.

Second. The welfare and safety of the State are not only matters of paramount importance, reaching to all pursuits, occupations and employment of individuals, but the question of the public health takes, by legal prescription, precedence in this order of State work. In the case of the Commonwealth *v.* Upton, in one of the States, Merrick, Judge, has so decided under this ruling. I may add that recent facts demonstrate the truth that no form of government, local or general, can afford to neglect rules and regulations resting upon the public safety and needed for the prevention of disease or the promotion of health. Whether the death rate is ten, twenty, or more in each thousand people, depends upon the rule relating to public health, and this rule should become statute law.

Third. The best sanitary work is performed from the love of knowledge and the love of men. This statement is not a sentiment merely, but an established fact. Sanitary investigation and work in the past have added in longevity alone thousands of years to human existence, and inestimable blessings to human comfort, and, judging of the future by the past, we may conclude that this is but "the beginning of the end."

Fourth. Morally, as well as physically, it is true, that everything in nature begets its kind. It is no more true that moulds and moisture are sources of disease and decay (the increased growth of which may be prevented and must be, if we would have healthy houses), than it is true that neutral disturbances come from moral and physical disturbances. In the one case, to secure the healthy home, the damp, mouldy places of the homestead can be overcome by a simple process of fumigating with sulphur. By the same process, at times, decomposition and putrefaction may be prevented. Certainly as much as this can be said of the proper treatment of the human body.

Fifth. Education is at present defective. One class of children are forced or persuaded to attend our common schools to secure an education for future life, while another class of the same age, less fitted for work and needing education, are crowded for eight or ten hours in the factories and workshops of the country. Beyond this neglect, which is next to a crime, it is also true, that half of the diseases of children are either inherited or the direct fruit of vicious lives and bad examples.

In Germany, where so much attention is given to education, it is said ninety per cent. of all the physical deformities that have come under the notice of physicians, date from the time when the pupils attended school, and "the character of these diseases often corresponds, it is declared, exactly with the position occupied by the children in writing."

Sixth. Disease also largely results from the lack of proper ventilation. From lack of proper light, let it be always remembered, the eyes are injured. Every little child, to be healthy, requires 2,000 feet of pure air each hour, and the demand grows, according to age, up to 25,000 cubic feet for the adult.

Seventh. The half of the plagues in life come from what are known as infectious diseases and contagions, and these are controlled by remedies which practically stamp out what are known as general zymotic diseases. Living ferments is but one name for this source of disease. Many, if not most, of this class of bodily ailments —as for example, measles, small-pox, and cholera—originate outside of themselves. But, though these diseases spread fearfully, as a rule, they come but once in a lifetime. Not so with dyspepsia and rheumatism, which are often life-long tortures. Intoxication is another cause, both of degeneracy of race, and, at times, of great mortality. Then come the vices which belong to an inherited constitution, for which children are not responsible ; and this is just where the sins of the parents, by some mysterious Providence, are visited upon their children to the end of the third and fourth generation, if not to the end of time.

The wonder, all things considered, is, not that so many children die, but that so many live ; not that those whom the gods love die young, but that any of these children of poverty ever reach old age or middle life.

Eighth. In a just consideration of the health and mortality of the country, the subject of food must not be omitted.

Dr. Farr, in England, found that the death rate in the English population falls three per cent. for each decrease of two shillings in the price of wheat. M. Messance, an eminent French writer, proves the same fact, that the gauge of health is the cheapness of food. I may add the kindred fact, that among the poorer classes, the number of marriages bears an inverse ratio to the price of wheat.

Emigration also is often governed by the price of breadstuffs in a direct ratio. The physical in connection with the mental symptoms of hunger or deprivation of food are stated by Mueller to be "feelings of general debility, actual and gradual loss of strength, fever, delirium, and violent passions, alternating with the deepest despondency." Suicides also increase with every definite crisis in agriculture.*

Crime may also be traced to dear food, and scientists have demonstrated the precise increase in mortality from this cause in Germany and elsewhere.

In the sick room, and especially for children, there must be perfect nutrition, and yet how deplorably insufficient is the nutrition in the dwellings of the poor, the depraved and the negligent. One of the authorities before me declares that general distress and destitution in England, increase crime of all kinds—very serious offenses and assaults excepted—in the following ratio:

General crimes and distress, - -	24	per cent.
Crimes against property with violence,	50	"
Breaches of the peace, etc., - -	90	"

While other writers make the percentage much less, all agree that cheap food is an element of order, comfort and contentment, and dear food produces the opposite result. In four years from 1878 the increase in the cost of grain was fifty per cent., in meats forty-four per cent., daily products seventy per cent., clothing twenty-six per cent., and in sugar and other articles from fifteen to twenty-one per cent. Mr. Grosvenor, of New York, also makes the comparative *per capita* increased cost from $81.40 to $111. The advance in food alone has been almost thirty-six per cent., and the increase in wages is not in proportion to the increase in cost of the necessities of life. The food question is one that should be considered as well in its effects upon general health as from the stand point of physiology and political economy.

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* See Morselli on the increase of suicides in Italy, England, France, Austria, Sweden and Germany generally.

The State politically, but not in the sense of party politics, and the people personally, in every sense I need not say, have the deepest interest in what is called State preventive medicine. Disease, among a large class, is but another name for poverty, pauperism, orphanage and bankruptcy. In Philadelphia, in 1871–2 some 4,500 people perished from small-pox. The reported loss in business there at the time, and from this disease, was $16,000,000, besides a cash value in human lives of $5,000,000 more New York City was also a great sufferer at the same time and from the same cause, while Baltimore, Boston, and Providence and other cities resisted the disease and prospered greatly, owing to a timely and thorough vaccination of the inhabitants.

The State imposes certain qualifications not only upon dealers in drugs, but upon physicians, before they can practice in the great art of prescribing suitable remedies for disease. A more important State duty is the enactment of wholesome laws to prevent disease. This is done without infringing upon the personal or political rights of any citizen.

The first duty is to remove the cause of all pestilences and epidemics, foreign or domestic; and where these unfortunately prevail the second duty is, by vigorous administration of proper laws, to prevent their spread and put an end to their existence. The law, in all its provisions, is for the common good. It is a simple application of the science of medicine in the form of remedies or preventions to the people of the State. It teaches mankind not only the inestimable blessings of light and air and water, of ventilation and drainage in dwellings and places of business, but the absolute need of the best use of these great gifts in nature, chemistry and discovery.

It is demonstrated in this city, by the President of the City Board of Health, that thousands of young lives have been saved yearly for ten years and more by the State. Recent laws relating to the tenement houses will impart great comfort to their poor occupants and add largely to the number of lives saved. The death-rate of the city now numbers between 20,000 and 30,000 each year, and one-third of this number of lives could be saved if the health laws could be enforced. Eminent physicians, verbally and in their written reports, assure me that one-third or more of the prevailing sickness in town and country could be prevented by the observance of sanitary laws. Mr. Edwin Chadwick stated nine years ago, to the British Scientific Association, that both the sick and death rate had been reduced one-third by the practice of sanitary laws, and that the death-rate in the old districts had come down to sixteen or seventeen in each thousand deaths ; and he declared that in new districts, with no over crowding and a proper supply of water and surface cleansing, that the death-rate can be reduced to ten in the thousand, which is nearly two-thirds less than the mean death-rate among the general people.

More remarkable than even this encouraging promise, but resting upon the common sense rules of fidelity in public service—and adding, perhaps, a becoming sympathetic interest in the happiness of mankind—is the statement that in well-governed institutions for children between the ages of three and fifteen years, the death-rate can be reduced to two-thirds of the number generally prevalent, or to three in each 1,000 children, and with a corresponding immunity from all common epidemics. Even in the British reformatory prisons, by the careful use of preventive medicines, the death-rate has been reduced to three in the thousand, with a general exemption from diarrhœa, dysentery, typhus fever and eruptive diseases. The diseases belonging to the respiratory organs are also reduced by care to one-half.

The cholera which prevailed in England in 1832 frightened the people there into the necessity of securing more of the decencies of life than had before been enjoyed. The panic of a scourge, like most other panics, prompted many of the people to put on their thinking caps, and from the consequences of the cholera came, in the course of ten, twelve and fifteen years, valuable government reports and laws. These laws, if Dr. Bowditch be correct, are in advance of the laws of all other countries; and one man, Dr. Farr, has been the bright particular star in this work of sanitary reform, not only for Great Brittain, but in many other parts of the world. If disease spreads by contagion, so also good example and benevolence inspire imitation and secure their reward. The pioneers of the world, in discovery and work, have been its greatest benefactors.

Lord Beaconsfield spoke the truth for his own country when he said, as Prime Minister of England, nine years since, "the health of the people is the first duty of the statesman." This sentiment is at least equally true in a country of such enormous proportions as our own, and daily increasing, not only from its own inherent growth, but as the destined home of so many millions of people in the old world.

If, when governed by such considerations, the people refuse to act, the law here as abroad must take its course, and penalties be imposed for its violation. Nor is it enough, as expressed a hundred years ago and more, by Edmund Burke, that "men *mean* well. It becomes them to DO well." You are asking nothing new of States. Centuries ago the republics of Greece and Rome had their sanitary laws, and the argument then as to-day, as a part of the important work of the period, was that physical culture would secure physical health.

The old Romans had their systems of ventilation, drainage and sewerage, their splendid aqueducts, baths and pavements, and all of them promoted the comfort, convenience and health of the people. Sanitary law also was a part of the Mosaic law, and in practice better at times than the customs in very many of our own American towns and cities in the closing years of the nineteenth century of the Christian era.

In considering the subject of State law and personal work it will be wise to recognize the principle in regard to disease—especially is this true in cases of quarantine—that it is not places but *principles* which secure public health. This rule applies alike to the ship, the shop, and the home.

Sanitary laws properly executed I need not say in this place have prevented and can prevent the spread of cholera. The law, however, must be supreme, and not only supreme but cover districts, precincts, towns, counties, States and governments, even to the interposition of international authority. There must be the *cordon sanitaire*, as along the vast frontiers of Russia, and maritime laws in the hands of faithful officials, and these officials must be sanitary officers, as we have seen them upon the Red sea and the Mediterranean, at Medina and Mecca, keeping back and pushing forward the hundreds of thousands of Mussulman pioneers, who, but for the law and its vigilant observance, would bear disease and death wherever their footprints are found.

What John Mills calls "the limits of the province of government" we must agree, whether spoken of the State or of the citizen, excludes no good work. It may and should exclude all those needless forms of non-intercourse common to the middle ages and to later periods of time, and all oppressive methods of administration, as when petty despots govern the people; but whatever is needed for the absolute good of the people in establishing and maintaining the public health must be done. If this law is a bad one, repeal it because it is a bad law, or amend it until it becomes wise and timely. In New York we have a compulsory law requiring vaccination, but it is a dead letter except in a single city, and vaccination is generally reduced to deeds of charity or to simple individual volition, even when the public welfare requires obedience to the public statute. It is the cost to the State that some people complain of, but as a question of State enconomy I hope I have removed this objection. The real State cost in all the United States at present is less than $5,000 for each million of inhabitants, and the saving covers the cost ten times over. The civil war destroyed 600,000 persons. Sickness wastes more than war—20,000 a year in London and 120,000 in the United Kingdom, and if recorded figures from medical men are true 700,000 years of individual human life are yearly lost by preventable neglect among the 5,000,000 people in the State of New York, and 70,000 years of human life are also wasted every year there by sickness; and New York is no worse off than other States of the Union. These lives fall short, ten years each of what they should be. So in England also we read the important truth that in the healthy districts of the kingdom persons who reach the age of twenty years pass on to the good old age of three score and three years and nearly a half; while in the general districts death comes within forty-five years. The annual money loss of this single death record, coming from ignorance, neglect and crime, is stated at near $50,000,000, besides the loss from impairment of health and from poverty among those not positively dead.

When it is known that in small-pox, isolation and vaccination provide a certain cure for a loathesome disease, the existence of which is concealed where it notoriously is, the law or its officers are at fault. When it is also known that bad air produces bodily and mental disease and that proper ventilation, heating and water supply are remedial measures. it is the duty of the law put in practice to point out and remove the evil. The law in some of our cities at least prescribes where houses shall be built of brick or stone only, and if it is a wise law may not the construction and drainage cf dwellings and workshops also be regulated by law? Mr. Edwin Chadwick says that by following out a correct principle three houses may be well drained at the present cost of one, and Mr. Edward Atkinson, also good authority, declares that unsafe buildings cost more to construct than fire-proof buildings. It is proposed in England to guarantee dwellings as safe to live in on the score of health, and simply by evidences of proper construction and drainage. When sewer gas poisons the blood and produces dysentery and malaria in other forms, who shall condemn any proper law intended to prevent poison and self-inflicted murder? So in regard to adulterations of food. Take, for example, the simple article of candy, much of which is reported to be made from grape sugar, glucose and terra alba, the latter being sold at one cent a pound and the former at four cents a pound, where granulated sugar costs by the barrel ten and a half cents—the cheaper candy may be impaired by impurities from fifty to seventy per cent. It is a public duty to resist all impurities, both in the food we eat and in the contaminated air we breathe; in all dwellings, and all work-shops, and in all that is around them; and let me say in speaking, alike for the State and citizen, that "obsta principiis" is the only safe rule of action.

We sum up, in conclusion, the duties of the Federal government, and of the State in the following order:

1. Supervision over the health of the entire people: peaceably if it can be done, forcibly if necessary. Where the Federal government has authority, as upon the sea, lakes, rivers, over forts and arsenals, over the army and navy, in the legislation for commerce, international and internal, especially in regard to infected vessels, over animals exported and imported, this authority belongs to Congress. It has been proved, I think, after the most laborious investigations for nearly

two centuries past in this country, that the epidemics appearing among us have been traced to importations.

Second—State governments are clothed with power over the health of the people within the commonwealth and over all the territory where the Federal government is without jurisdiction. The colleges and schools of the State, its institutions of charity and learning, its prisons and reformations, its codes and laws, all that belongs to roads, parks, canals, docks, piers and even to public and private dwellings, when legislation is needed for health, belong to the parental care of the State. Epidemics are to be treated like public enemies, and often they are worse than armed foes because more insidious and beyond observation. They come in foul sewerage, polluted streams and corrupted wells of water. They come also like a thief in the night and steal away those jewels of the household, the little ones, whose lives are more precious than all the wealth of the State. To prevent adulterations in food and drugs—not practiced I hope and believe to the extent reported or suspected—is another of the State duties. To clothe boards of supervisors and trustees in towns and villages, and mayors, common councils and health boards in cities, not only with complete power in regard to health but to require them to pass and enforce ordinances, is a positive duty of the State. A State department of health is essential to secure these results, and in its actions it must be impartial, effective, vigorous, determined, and take no step backward.

Third—While Federal and State governments are bound to do what is here suggested, a higher law of duty rests upon the women of the household and upon faithful men of business. When a woman suggested the first Board of Health in the State, the appeal only came when a typhoid fever was discovered in a seminary of learning at Pittsfield. The State cannot secure obedience to law without the sympathy and co-operation of the people. Light and air, cleanliness and order, are the great preservers of health; and the wives, mothers and daughters, as the necessary mistresses of our dwellings, can best serve the State when they secure the greatest possible health in their own homes. Dr. Farr prescribes the right remedy when he says that "health at home is health everywhere," and when he adds as his conclusion from experience "that the whole future sanitary movement rests for permanent and executive support on the women of the country." If it be true, as stated by the president of the State Board of Health for Connecticut, that "the predisposing causes of insanity in the United States can be traced to malign influence on childhood," no wonder that we have from the late Dr. Wilbur, of New York, the startling record that there were in 1880, 50,000 lunatics in the country, nor that we are behind England, Germany and the age in which we live in our treatment of this class of unfortunate people.

Finally, a word as to quarantine. Commerce cannot be forbidden; but it may be regulated when hurtful to health. At best, however, State law is only a relative guarantee of the public safety. Quarantine and commerce are naturally enemies, and the State must regulate the relation between the two—the State always insisting that as far as possible the public health within its borders shall be permanent. Every nation and every State has the right to use intelligent ways and means to preserve health over all its borders, and the Federal government also has rights which must be respected and laws which must be obeyed. There are natural, legal, wise and conservative lines between nations, States, municipalities and towns. Where the death-rate in England is 19.9 in the 1.000. in Austria 31·3, and close on to the latter number in all parts of Italy, official action is demanded in the name of public safety.

Drawing then only the proper lines between nations, States and local authorities as a question of commerce, all in established authority may, under the administration of wise laws, be able to say to Congress for all rivers passing between different States, and for all lakes bordering upon these States, and for the great highways on the ocean touching our American land—

> Bid harbors open, public ways extend ;
> Bid temples worthy of the gods ascend ;
> Bid the broad arch the roaring flood contain ;
> The mole extended break the roaring main ;
> Back to her bounds the subject sea command,
> And roll obedient rivers through the land.

DIAGNOSIS OF CONSUMPTION BY MEANS OF THE MICROSCOPE.

WITH REFERENCE TO LIFE INSURANCE.*

By Ephraim Cutter, M.D., New York.

Consumption has long been regarded as a deceptive disease in which the usual signs furnished by auscultation and percussion may prove fallacious. So it has happened that some cases have proved to be consumptive that were regarded as not consumptive, and vice versa. Such confusion must add to the risks in life insurance. If it can be shown that there are any means of diagnosticating consumption in these doubtful cases when the usual physical signs do not clearly establish a diagnosis, it will certainly be advantageous to Life Insurance Companies by lessening their risks from incorrect diagnoses.

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*Read before the New York Medico-Legal Society, April 21st, 1886.

The object of this paper is to make known that there are means of diagnosticating consumption any time within one year *before* the physical signs of lung necrosis and breaking down appear—that is in what may be called the pretubercular state.

To show that this is no untried or unstudied idea, I beg to refer to a volume in my hands written in 1877, entitled "A New Physical Sign of the Pretubercular State of Consumption," illustrated with 63 microphotographs including some taken with objectives as high as the 1-75 inch.

As this essay is unpublished, I shall draw freely from it in the present case feeling that I have a right to present facts that have stood the test of ten or more years time in my own experience as not unworthy of consideration by life insurance examiners. To make my presentation stronger I would state that my work is antedated by a publication in 1868, entitled "Microscopic Examinations of Blood," &c., by Dr. J. H. Salisbury. At the same time he had ready for the press a work on the causes and treatment of consumption with XXX plates of illustrations. This work I am happy to say is expected to be issued by W. A. Kellogg of this city as soon as the drawings can be reproduced by the Homer Lee Bank Note Com pany for printing. This contains a complete description of the subject matter of the present effort. The points made are in brief as follows :

1. Consumption of the lungs is characterized by a definite morphologyof the blood, which, taken in account with the other physical and rational signs is characteristic of the disease.

2. This morphology differs from that of healthy blood, of syphilitic, of rheumatic blood, &c., &c., though it is possible for these morphologies to be present together, two or more in combination.

3. For any time within a year previous to the necrosis or breaking down of the lungs, this morphology of consumptive blood is found, so that—

4. In a doubtful case where a medical examiner for life insurance—for example—finds it to be on the borderland of health and disease, the morphology of consumptive blood comes in to settle at once the diagnosis and clearly define the line of action.

5. This is regarded as of value in life insurance as no company wants to insure the lives of consumptives nor on the other hand to refuse a risk, other things being equal, for a non-consumptive.

6. The importance of these statements as making out an advance in medical knowledge may well justify the presentation in a simple plain manner so that those who choose to avail themselves of them may do so in the most practical common sense way, and I crave your indulgence as I try to set forth the use of the new physical sign of microscopic inspection in the diagnosis of consumption.

MORPHOLOGY OF HEALTHY BLOOD.

That of a healthy nursing infant with a healthy mother is the type. "To obtain the blood a clean puncture or cut is made in any part of the body desired, the surface being previously cleaned." The capillary blood is the one studied not arterial nor venous. "The blood at once is transferred to a slide, then quickly covered with thin glass and placed under the microscope with 1-5 inch objective and one inch eye-piece." At the present day a good enough microscope can be procured for this purpose for fifty dollars, ($50.00) but the definition should be clear and achromatic. "By a little experience the blood may be under observation in one second from the time it leaves the stream."

FEATURES OF HEALTHY BLOOD.

1. Colored corpuscles. 2. Colorless corpuscles.
3. Serum. 4. Fibrine filaments.
5. Foreign bodies accidentally present.

1. COLORED CORPUSCLES,

in healthy blood, appear biconcave with edges well rounded out, clear, distinct and well defined ; their color is a deep, lustrous, ruby red appreciable fully only by actual observation ; their size varies in the same individual, average 1-3400 of an inch; uniformly *distributed through the field*, *sometimes in rouleaux;* number in the field varies with method of manipulation. If the drop of blood is large for the cover, they will be crowded and numerous; if small they will be fewer; they are sometimes nucleated.

PASSIVE PHYSICAL MOVEMENTS OF RED BLOOD CORPUSCLES.

These are caused by clotting—by the capillarity of the space between the slide and cover—by evaporation and drying. They will move in masses swayed to and fro like a collection of old bottle corks floating on a stream of water. In themselves they are very passive and differ in this respect very much from white blood corpuscles. They are not usually regarded as having amoeboid movements, but to the writer they have; as occasionally he has seen them move with the independence of the white blood corpuscles. The arrangement of the red blood corpuscles, in rouleaux or evenly distributed about the field, their ruby strong color, number, size and clear cut outlines are the features which characterize health.

2. COLORLESS CORPUSCLES IN HEALTHY BLOOD.

Features: color, number, size, shape, amoeboid movements, and sticky qualities.

1. *Color*—Their color is white, and they are rightly named. This is shown with beauty in the photographic illustrations. An objective that does not bring out their true color is not a good one for blood study.

2. *Number*—This varies in health relative to the red, but one to 300 red is about the proportion. In consumption they are more numerous.

3. *Size*—Varies less in health than in disease. Rarely are they smaller than the red ; usually they are larger. Perhaps they may be rated at 1-2200 inch on an average. Inconsumption they are large and vary more.

4. *Shape*—Is usually globular but varies constantly: sometimes they are triangular, oblong, obovoid. They are surrounded with a deeply cut and irregular margin forming objects of weird, bizarre and awry characters difficult to describe or imagine. Indeed the grotesque changes of outline go beyond the imagination. Sometimes they will push out long lines of substance like an arm or handle to a pan. Sometimes they will project themselves like a leech, and change their place. Indeed these changes are so wonderful as to demand a separate paragraph.

5. Amoeboid movements, (amoeba-change.)—The colorless corpuscles move among the red like policemen in a crowd of people. They break through the fibrine filaments ; they push the red corpuscles out of the way as with authority ; they go over or under the red corpuscles and pursue their straight forward movements like a determined officer. But they can do more than any such functionary, for they can *divide themselves up into parts—separate to considerable distances—travel on and* "apparently" *reunite their separate segments and move on again whenever they will* to be ready to go. No law seems to govern their movements except independent volition if such a term can be applied to such minute bodies. While these movements are being made,

with an exceptionally good objective, the granular contents of the corpuscles may be seen whirling and pushing along in currents and vortices of visual violence and force.

6. On the other hand, white blood corpuscles present a phase directly opposed to that just described, when not undergoing movements they *stick* fast to the slide as if they meant to *move only* when ready to do so. While the colored are rushed helplessly along in swift torrents the colorless corpuscles will be seen underneath still and quietly resting and resisting the charges and onsets of the scudding movements over them. They split the stream like a rock in the rapids of a river; they will also stick in the vacuoles of drying blood. Certainly this sticking power compared with the amoeboid movement are two remarkable features to occur in the same body.

3. *Serum.* When coagulation has become thoroughly established in the specimen of blood the red corpuscles contract together leaving inter-spaces which in health should be clear and clean, except the serum, white corpuscles, and the filaments of fibrine, which in health are faint and seen with difficulty.

Although to inspection, the serum is clear and diaphanous, it is really one of the most complex fluids of the body. The chemical elements embrace all those found in solution in the system and are invisible, save fibrine, which may be regarded as an insoluble form of albumen. It is on the clearness and cleanness of the serum that the diagnosis of healthy blood *mainly* turns.

It is very likely possible to discover some diseased elements in an otherwise apparently healthy person's blood. In such a case the significance would be void ; no one physical sign of disease taken alone stands out against, controls or "orients" so to speak, all the other signs when healthy. The writer has seen a case of crepitant rales in the lungs of an otherwise healthy person, but that single sign did not decide that consumption was present. The comparison with the rational excludes the diagnosis. People exist in a slightly impaired state of health, and have evidences of disease in the blood while systemically, it is latent as in rheumatism and syphilis. The subject is so new as to have many points yet to settle; however, no subject is so old as to have no unsettled points. Still with these limitations, it may be said that in the great majority of cases the serum of the healthy blood is clear of dirt like debris, dots, spots and masses, or if present the quantity is limited.

4. *Fibrine Filaments.* As has been observed, these naturally exist in the blood, but they are very faint and delicate, and elude observations unless specially conducted with great care and under favorable auspices. The reverse of this is true in some diseases. They form a striking and impressive feature in the field and need but little pains to be seen.

5. *Foreign Substances* accidentally present in the blood of health. These come from the skin, the slide, cover and instrument of puncture as dirt or "matter out of place." This dirt may be to a great extent eliminated

by careful washing. Dirt furnishes material enough for a volume. It includes all dust and debris arising from the friction of various bodies and surfaces that come in contact in the wear and tear of life. Air teems with them. Dirt, includes smoke, clouds of dust, sweepings, organized substances, as fibers of cotton and wool, linen and silk from clothing, feathers from animals and beds, straw, wood and fibres, leather,.salts of excretions and secretions, starch grains of all kinds, pollen grains, hairs of plants, spores, cryptogamic plants, algae, fungi, mosses, lichens, ferns, vegetations of fermentation, putrefaction and decay, fragments of inorganic bodies in impalpable powder, earths, insects, dead epithelia, &c., &c. It is a long work to understand the various substances that enter into dirt. It is a micrographic field that is exhaustless, always present, most penetrating and when overlooked, most fruitful of error. As the importance of having a clean slide and cover is an injunction that will bear repetition, so also the eye pieces and objectives must be clean. It is a good plan to study *before hand* the field of the microscope without any objects in order to know how clean they really are.

Sometimes the eye piece will be dotted with spots that cannot be wiped away; simply rotating the eye piece will reveal these blemishes by showing them in motion, which could not be when the slide is still. *Fat* is another thing which may be found in healthy blood and mistaken for diseased conditions. Epithelia from the skin and the lining of blood vessels, bubbles of air in globar and other shapes, are found in healthy blood. To recapitulate : in healthy blood there should be good color, clean and plump outlines, very faint fibrin filaments, clear interspaces, and accidentally, fat, epithelia. dirt, and epidermal vegetations.

MORPHOLOGIES OF DISEASED BLOOD.

In the work above quoted as published in 1868, allusion was made to the diseased appearances in consumption, anæmia, rheumatism, carbuncle, variola, vaccinia. remittent fever, typhoid fever, and in other places syphilis, malaria, and erysipelas. These quotations show the broad scope of the researches, and that they are not mere hap-hazard observations. We have not time to allude to more than the

MORPHOLOGY OF CONSUMPTIVE BLOOD.

1. Red corpuscles, generally massed and sticky.
2. Colorless corpuscles, enlarged.
3. Serum presents
4. Fibrine filaments, large, dense, strong and
5. Foreign substances ; *a* abnormal, vinegar yeast ; *b* accidental.

These elements in consumptive blood taken in connection with the rational signs constitute the diagnostic evidence of tuberculous disease and what is here termed a new sign of the

PRETUBERCULAR STATE.

1. Red corpuscles are diminished in number, not uniformly distributed in the field of the microscope, are

strongly clotted and massed together, edges not well defined, not well rounded out, flattened—not clean cut, sticky, pasty, flabby; they form themselves into regularly rounded masses rather than rouleaux. The rouleaux may be seen partially formed; color is a pale, yellowish red or sickly look, as the countenance of an ordinary consumptive looks to the naked eye as compared with a robust healthy person. Number of red corpuscles less than in health, and sometimes nucleated.

It should be remembered that the red blood corpuscles are very sensitive to exercises that fatigue the body or mind. A single night of overwork has been known to diminish their number and brilliancy in health.

2. White corpuscles, color a dirty white; sometimes the red are so bleached and the white so dark that they cannot be distinguished by their color. Size varies more than in health; sometimes aggregate themselves in masses and appear like foreign bodies, number decidedly more than in health. Shape varies as in health. Amoeboid movements are the same as in health; they are so distended by the changes (growths,) going on inside, that they often burst and discharge their contents to form spore masses. The white corpuscles deserve a separate and careful study in all complaints as affording a pasture ground for the feeding of chronic diseases, as in syphilis for example. Rational signs remove the chances of error.

3. Serum constantly shows morbid elements—consumptive. Its spaces look as if filled with dirty debris

in marked contrast with the clearness and cleanness of the same space in healthy blood. These objects in the serum are regarded as vinegar yeast developed in the blood.

4. *Fibrine Filaments.*—Are always present in consumptive blood—are numerous, large, coarse, distinct, long and fill the field with a beautiful net work which presents different angles in different directions. Their strength in clotting is one of the causes of the masses and huddles of the red corpuscles alluded to. This is also found in rheumatic blood, but the rational signs would exclude rheumatism, though it is not impossible to have both together.

5. *Foreign Abnormal Substances.*—*a* spores single of vinegar yeast; *b* spores of vinegar massed in collects. In bad cases they are very abundant and large enough to fill the field ; the forms vary as might be expected under the physical conditions found in living blood : viz., swift motions—friction with themselves and the blood elements in the narrow and crooked walls of the blood vessels. Accordingly they are found flattened, rolled, twisted, torn into irregular divisions, broken up into small masses, divided, linear, and filamentous. It is somewhat important not to confound them with white corpuscles whose airy, fantastic and impressive changes can imitate almost anything.

The abnormal appearances described are not found always together in the same specimen, and to the neophyte they may not appear at first sight. Time, patience and study will make the matter clearer. Those who follow out this line of research are respectfully requested to follow:

1. The method of collection, which is to take the blood direct from the blood stream.

2. The best kind of microscope and illumination.

3. Be sure to take a decidedly tuberculous case, and then, with some experience, these cases can be distinguished.

ILLUSTRATIVE CASES.

POSITIVE.

Case 1. A man aged about 24 years of age took a severe cold; his cough was troublesome; expectoration not copious; lost flesh, strength and voice; was pale, anæmic, thin and not robust. His father died of consumption; had a sister in the last stages of consumption, who died subsequently; there were no physical signs of lesion in the lungs. Inspection with the laryngoscope revealed a reddened and thickened condition of the vocal cords and larynx. Inspection of the blood by the microscope revealed fibrine filaments very abundant and strongly marked; spores and collections of spores very numerous and large; white corpuscles too numerous for health and much enlarged; red corpuscles thin, flabby, outlines not clearly cut, pale, sticky and aggregated in irregular masses.

Case 2. A mother of a family of four children began to run down rapidly. She was 33 years of age. She coughed badly and was partially aphonic; no copious expectoration ; she lost flesh and strength ; was hardly able to keep about in the performance of her ordinary household duties. She had night-sweats, throat was sore, deglutition painful. There were, at the examination, no physical signs of lesion in the lungs. The blood inspection revealed fibrin filaments abundant and marked. Spores and spore collects in great abundance. Red corpuscles, sticky, adhesive, massed and huddled together. White corpuscles too numerous and too much enlarged. Also to the naked eye the color of the blood was a light red. Taking all the circumstances, the general and rational signs pointed to some rapidly increasing systemic trouble of a very serious nature. At a later date the same physical signs were found and added to them was a diminished resonance over the left upper third front chest, with ruder respiration.

NEGATIVE.

Case 3. April 15, 1876.—Mr. C. A. W., meat dealer, age about 50 years, complained of a constant, severe and harassing cough; there were considerable expectoration, some emaciation and loss of strength with a slight alteration in his phonation. The laryngoscope revealed a redness and injection of the mucous membrane of the larynx. There was no paralysis of the vocal cords, but well marked patches of ulceration were found in the pyriform fossæ. The chest was not developed as much as it ought to have been, but it exhibited no physical signs of tubercle in the lungs, though his family regarded his case as consumptive. Inspection with the microscope showed in the blood no so-called filaments; no spores; no collections of spores and no enlarged white corpuscles. However, the red corpuscles were less numerous and less highly colored than normal, but not massed. The case was pronounced non-tuberculous. History has proved the judgment correct.

Case 4. Mrs. M., in May 1875, was found in bed and suffering from severe pain in the left chest, middle and lower thirds; from severe cough; from night sweats: from emaciation and an excessively irritated nervous system.

She was a chronic invalid, turned over to the writer by her physician as a case that would soon die of tuberculous consumption: her father died thus.

Suspiciously there were no marked signs of physical abnormal changes going on in the lungs, still the case had a very bad look. On exploring the blood microscopically, the red corpuscles were pale, thin and flattened. The white corpuscles were not enlarged, neither were they too numerous. There were no spores; no fibrine filaments; no debris. The hematic interspaces were clear and clean. From this examination immediately no tubercle was diagnosticated, whatever else might be the matter. A month's treatment restored the blood to full color. The general symptoms improved markedly. The case proved one of general debility, resulting mainly from old uterine retroversion combined with two excessively severe labors, in which there was complete rupture of the perineum. As this patient was naturally frail and weak, it is fair to conclude that she might eventually have realized the end feared by Dr. ——. The writer believes such cases are extremely liable to develope tubercule ; just as parasitic diseases affect plants that are sickly and not vigorous.

Case 5. Miss R., aged 17 years, was a pale, wan, thin girl. Her mother is a feeble person, laboring under a large uterine fibroid. After the conception and before the birth of Miss R., her mother underwent a very trying experience with the sickness and death of two children from scarlet fever. The feeble constitution of Miss R. is attributed to this fact. She had a cough which was dry. Her appetite was good, but her physique was bad ; and she moved about like a person of declining years, entirely unlike girls of her age. She suffered from anteversion of the womb, which probably prevented healthy locomotion. Aside from narrowness, her chest showed no sign of disease. The colored corpuscles showed a decided paleness and diminution of number, but the interspaces between them were devoid of abnormalities and were beautifully transparent. The history of more than two years has justified the decision of non-tuberculosis.

Case 6. Mrs. Dr. ——, aged about 55 years, mother of one child, in July, 1876, was seized with a cough of severity, sore throat and pain in chest; followed by loss of flesh and strength; stooping posture, with general malaise with coarse crepitant rales, more or less scattered throughout both lungs. There was no dullness on percussion anywhere about the chest. Her husband, a practitioner of the largest experience and the highest success, feared that with the bronchitis there might be tuberculosis, as some members of her family had died of it, and particularly as he had buried his former wife and a daughter from the same disease.

The microscopical examination of the blood showed no evidence of tuberculous disease. The hematic interspaces were entirely clean and clear of spots, masses, or debris. The anxious physician was confidently assured of the fact that no tuberculosis difficulty was present; decided by the absence of the physical sign hereinbefore described. The woman is now restored to health and confirms the negative diagnosis of tubercle.

NOTE. The reading of this paper was followed by a demonstration with a Marcy's sciopticon of 25 or more plates taken from microphotographs of the morphologies of healthy and consumptive blood; the microphotographs had been taken by the reader and Dr. G. B. Harriman of Boston.

KILLING OF
CHILDREN BY INSANE PARENTS.*

By Arthur C. Butts, Esq.

The killing of children by insane parents is growing to alarming proportions in this country. Indeed, I am led to believe that there is a peculiar type of parental insanity which manifests itself in an impulse to kill their own offspring, which should receive special classification and study in the interest of medico-legal science.

It is well known that women afflicted with puerperal mania are liable to kill their children, but I do not herein refer to cases of that nature, nor to cases of infanticide where sometimes, to hide her shame, a woman will take the life of the being she has brought into the world, nor yet to another class of cases where parents suffering from general mania have developed homicidal tendencies, while laboring under some delusion, have, in a moment of frenzy, killed their offspring, and where the killing can be traced to no precise cause other than that it was the act of a maniac.

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* Read before Medico Legal Society, May 12th, 1886.

In the special class of cases to which I shall presently respectfully invite your attention, it will be found that the following, among others, have invariably been the causes of mental alienation of their parent: grief, loss of health, jealousy, poverty and intemperance. The cases I shall read are fair types of many that have happened during the past year, throughout the land, and represent fairly that peculiar type of insanity which it is my purpose to demonstrate.

One of the striking features of these cases is, that in every instance there is found an undoubted and unequivocal intention on the part of the parent to produce the death of the child assaulted, and in four of the five cases cited, the parent committed or attempted to commit suicide. It will also appear that in each case the insane act was to compass some supposed benefit to the child; to ward off some imagined peril, or save it from future evils. In some there is a well-developed plan to kill successfully carried out. Sometimes the parent is entirely conscious of committing the act, yet justifies it on one or more of the grounds above stated.

The following are the cases I beg leave to cite, as illustrating the theory I submit for your consideration:

Ann McCloskey was a married woman, about fifty years of age. She lived in this city with her husband and two children. Among her neighbors she was reputed to be a hard-working, industrious woman, a good wife, and a devoted mother to her children. Her great fault was intemperance. She was a periodical drinker, and whenever the disease of alcoholism renewed its attack, she drank deeply, and her debauches often ended in delirium. In the Spring of 1885, during the latter part of a long debauch, she went before one of the priests of her church, and took a solemn pledge to never drink again as long as she lived. She at once totally abstained from the use of intoxicants, but an attack of delirium tremens soon followed, which continued two or three days in greater or less degree. During the early part of the night of April 6th she manifested great anxiety for her children. She labored under the hallucination that men were prowling around the house and lying in wait to kill them, and she called upon her husband to watch them and see that they did not get in and hurt them. She was at last quieted by her husband, who, awakened by a noise in the night, got out of bed and saw his wife by an open window in their room, and at the same moment he noticed his eldest child was not in bed. Fearing the worst, he asked his wife, "For God's sake, where is Maggie?" and she answered, "She's safe." "I've thrown her out of the window." It was too true. In a moment of frenzy, imagining some harm was hovering over her daughter, she had taken her sleeping child from her little bed and thrown her out of the fourth story window into the darkness to be dashed to death on the pavements of the court. She then attempted to throw her other child out, but was overpowered by her husband, and its life saved.

Mrs. McCloskey was indicted for the crime of murder, and was tried in the Court of General Sessions in July 1885. Her counsel, David Talmadge. Esq., on her trial, took the position that the act of his client in killing her own offspring, under all the circumstances proved, was clearly an insane act. The learned Assistant District Attorney Ex-Judge Bedford, came to the same conclusion, and at the close of the people's case the presiding Judge advised the jury to acquit on the ground of insanity. She was acquitted, and soon after was discharged from custody.

John Howells, an Englishman, of Starrucca, Pa., was a farmer, about forty-five years of age. He was married and had five children, the youngest three and the eldest twelve years of age. All his life, till the spring of 1885, he had been strong and rugged. He was a very industrious, prudent, quiet, peaceable man. He had been very prosperous, and had accumulated considerable means. He was considerably vain at being better off financially than some of his neighbors, and was not disinclined at times to boast of his success in life. In his household he was an affectionate husband and a very kind and indulgent father.

In the spring of 1885 his health failed. During the following summer he could do but little work, complained of severe pain in his head and, showed extreme physical debility. He soon began to suffer from insom nia and loss of appetite ; he imagined he saw a big black dog about the house, and became gloomy, morose and despondent. He found no delight, as formerly, in playing with his children. He no longer talked in a boastful way of his success, but insisted that his business was a failure, and he was financially ruined. Imaginary creditors were harrassing him for payment of debts. He could give no names, nor state what debts.

Howells continued in this condition for some months; during which time he transacted his ordinary business, but all the while insisted that he saw nothing in store for his children except poverty, ruin and disgrace.

During the early fall, Howells bought a pistol, kept it a while, then threw it away. He afterwards went and found it, and laid it up with care in his house. In October he went to a village, some ten miles distant, to obtain work, and failing he bought a poisonous drug and returned home. October 23d his wife took her eldest child with her to make a short visit, leaving Howells at home with his four children. The same day his wife left home, Howells transacted some business at Starrucca. After returning home he went to his barn and began to thrash buckwheat.

Not long after a neighbor heard pistol shots rapidly following each other, apparently at Howells' house. He rushed over there, and entering the door, saw a terrible sight. Howells' four children—already dead,—lay upon the floor, with blood oozing from the right temple of each one. Howells himself lay bleeding from two wounds, but he recovered. He stated that he had given them poison, but to make sure that they would not suffer long, he had shot them.

Howells was arrested and lodged in jail. While there confined he pulled his long flowing beard completely out by the roots, eating part of it. Upon being asked if he did not wish to recover, he replied "No, no! Why should I? Why, I murdered them! They would not want to see me, and I would be ashamed to see them."

The trial of Howells, on his indictment for murder, was had at Honesdale, Pa., last February. He was ably represented by E. C Mumford, Esq., of Starrucca, through whose courtesy I have obtained the facts from which this statement is made. He was acquitted upon the ground of insanity.

Otto Iverson was a poor Norwegian, who lived with his wife and two children in a tenement house in this city. He was about forty years old, and was a piano maker by trade. At the beginning of last winter he was thrown out of work, and he was not able to earn a dollar for many months. This preyed upon his mind, and he became very depressed and downhearted. His wife sold or pawned nearly every article of their household goods, and at last sought work as a domestic. Placing her eight months' child in a nursery, she started for Harlem, where she was to work, leaving Otto and his two-year old girl at home.

Iverson, it seems, had been slightly insane before, but now he imagines his wife has deserted him; he sees no hope for himself or child, and taking her with him one day to the foot of East 23d street, and clasping her in his arms he plunged into the river. Both father and child were rescued.

The case of Mrs. Fannie Smith, who lived near Keyport, N. J., is of very recent occurrence. She was a farmer's wife, and the mother of five children, the oldest nineteen and the youngest three. Twelve years ago, after childbirth and the death of her child, her mind was affected, and she was sent to an asylum, but returned home at the end of a year, apparently cured. The homestead, where her family resided, was heavily mortgaged, and this caused her great distress of mind. She appears to have brooded over it, and imagined that their home would be taken away and her children thrown upon the world homeless. Last winter she made her brother a visit, who lived not far distant, and while there she stated that she ought to be watched, as she was afraid that she would commit some terrible deed.

On the morning of April 23d ult., she took a dose of "Rough on rats," which she had concealed on the premises, and then taking up a huge axe and concealing it under the folds of her dress, went to the house where her children were, and entering the room where Edna, her youngest daughter, was sleeping, she split open her head with a terrific blow of the axe. She then went to the room of a son twelve years old and hit him three blows on the head with the blunt end of the axe. She next sought her daughter Bessie, eleven years old, who had awakened, and saw her brother struck, and while upon her knees, as if in prayer, with one hand uplifted, imploring with a faltering voice her mother's mercy, the frenzied woman drove the cruel axe into her head. Another daughter, also received a like blow. Edna was instantly killed; the other children still hover on the border land of death.

Immediately after, when her grief stricken husband asked her "Fannie, in God's name. why did you kill my children?" she answered calmly. "Why, Monroe, I was told by God to do so. and I obeyed his command. I know I did wrong, but it was the only thing to be done to save them from hell."

Questioned further, she said she meant that if the home was sold her children would be thrown upon the street and go to the bad.

Mrs. Smith died about a week or ten days afterwards.

This case will serve to recall the Freeman case, who killed his child by Divine command. under the belief that in three days it would return to life.

Now, I think it will be conceded that each one of these four unfortunate persons was afflicted with the same type of mental disease. Indeed. I think there will be but one opinion, and that in favor of the entire exemption of each one, from criminal responsibility for the terrible acts committed. while you will all express a doubt that any parent killing or attempting to kill a child under similar circumstances would ever be held accountable as a rational being to the laws of the land and punished as a felon. If this particular phase of mental disease had been better understood and more clearly defined and arranged in our works on medical jurisprudence. I am confident the last case which I shall now present would never have resulted as it did.

Louise Doherty is a French woman, forty-three years of age. She had two children, both girls, and to the younger, Tillie, she was devotedly attached. Mrs. Doherty for three years prior to 1884, had been undergoing change of life. She was a very nervous, excitable woman, and between herself and her husband for seven years there had been serious trouble caused by her jealousy, for which there was ample ground. In September, 1883, she and her husband separated by mutual consent, she taking the children and he agreeing to pay her $30 per month. After paying her rent, $20, she had but $10 to support herself and children. She tried to get work and failed. She had a very sore hand which disabled her, and she feared and with reason, that she and her children would soon be reduced to penury and want. Her great care was Tillie ; a delicate child about eleven years old and her favorite. On the night of October 24th, 1883, she sent her oldest child out of her room, took Tillie into a bedroom, locked the door, pulled down the shade ; laid down on the bed with Tillie and then with a sharp knife cut her child's throat, then her own and also a terrible gash on her left wrist, and waited for death to come to them. Something wrong was suspected, however, and upon the door being broken in mother and child were found as here stated. They were taken to the New York Hospital and both recovered. For a week after this act Mrs. Doherty was in a state of great excitement. She acknowledged she had tried to kill her child ; she was very violent, and had to be put in a straight jacket and kept therein for three or four days. She remained at the Hospital some months, was discharged and went to keeping house with her children. In March, 1885, she was brought to trial in the Court of General Sessions of the Peace of this City for an assault with intent to kill upon her child. The Jury disagreed. She was again brought up for trial in May following. On both trials her defence was insanity, but her Counsel did not produce a single physician or expert to testify as to her mental condition at the time of her alleged crime. Indeed important facts bearing upon her mental condition were not brought out in evidence, for what reason I am not informed, but at all events this poor woman was found guilty of the crime charged and was sentenced to six years' imprisonment in the Penitentiary where she now is. I was called into the case, professionally, last Fall, and made a motion for a new trial which was denied by Judge Barrett for want of power to grant it. In fact, that course was only taken for the purpose of showing the Governor that every legal remedy had been exhausted before applying for Executive clemency. Dr. E. C. Mann was called into the case and he made affidavit that Mrs. Doherty was clearly not responsible for her act. That undergoing, as she was change of life, in its last stages, her domestic troubles, her recent separation from her husband, her anxiety for her child's future, all tended to produce that condition of mind which would make the insane act probable. Does any one doubt that Louise Doherty was insane when she cut her child's throat? Does any one doubt that her imprisonment as a felon is a foul blot upon the administration of criminal justice in this metropolis? The matronly hen will fight for her brood. The lioness will die for her cubs. Maternal instinct even in brutes affords shelter and protection for their young. And what parent who has been blessed with children, what man who has felt the arms of his little child about his neck or its tiny hands upon his face, and who has looked into its eyes and seen his own image reflected there. who, I say, can believe that a parent, unless insane, would slay that child, which to save from harm he would brave every danger and suffer any form of death. It is possible that a sane parent may wilfully and with malice kill his child. But with every natural presumption against the sanity of such an act, Courts of Justice should see that no conviction should be had unless experts should place the sanity of the accused beyond a reasonable doubt.

Gentlemen of the Medico-Legal Society: I have now a few suggestions, to make, in closing this paper, and I address myself particularly to medical gentlemen present. If cases of a like character could be collected and studied might not great good result to Medical Science? Would not the learned practitioner in a proper case forsee this inevitable result if he found a patient suffering from the pronounced symptoms which seem to be found in all these cases, and anticipating the evil make it impossible by proper restraint of the patient. If it had been understood that such symptoms and thought, and expressions as were made by Mrs. Smith and Howells, meant possibly death to the children might not their precious lives have been saved? And might not such a course be the means of saving many lives in the future? I offer this, gentlemen, for your serious consideration.

From a legal standpoint I feel assured that the administration of criminal justice would be greatly advanced by such a course. I am aware of no work where this species of insanity is treated specially. Scattered here and there are references to cases of a like character but not collated in such a manner nor with the purpose in view that I have advocated to-night.

NOTE.—Since the above paper was read the following cases have appeared in the newspapers. I simply subjoin them as they were clipped from the newspapers :

THREE GIRLS KILLED BY A CRAZY MOTHER.

WHEELING, WEST VA., May 19.—A terrible murder and suicide occurred in Lincoln County, this State, on Monday night. Mrs. Margaret Donnau, a widow, became insane from religious fanaticism, and said that she had been called upon by the Lord to sacrifice the lives of herself and her three children to satisfy the Divine wrath. Early in the evening she threw herself upon her knees and spent several hours in wild ravings. She then arose, and arming herself with a large, sharp carving knife, made her way to the room occupied by her three daughters, aged twelve, ten and eight years. The woman cut the throat of each child, and then plunged the reeking blade deep into her own heart. The bodies were discovered yesterday by neighbors who state that the room was so bespattered with blood as to bear a very strong resemblance to a slaughter-house.

KILLED HIS BOY AND ATTEMPTED SUICIDE.

GREENFIELD, MASS., May 20.—Last evening Eugene Taylor a farmer, 35 years of age, sprinkled strychnine on a ball of cocoanut candy, and gave it to his son, aged 2½ years. The boy showed it to his mother, and saying, "See, canny, papa gave!" he swallowed it. Presently the little fellow crawled upon the lounge, his eyes became set, and he went into convulsions. On seeing his mother, the little fellow roused up, and, clasping his arms around her neck, held on. Dr Newell pronounced the case one of poisoning. Meanwhile Taylor had taken a large dose of the poison, and soon he was suffering convulsive agony. The child died at nine P. M.

Taylor, however, did not die, and this morning he arose from bed, in the absence of his attendants, and, with a pocket knife, cut his throat badly, although not fatally. He was taken to the county jail, and will be arraigned this afternoon on a charge of murder. He took his arrest calmly, only expressing regret at having failed to take his own life. Mrs. Taylor says that since their marriage, in 1882, her husband has been despondent because he lost, in speculation, $1,000 of his own, besides other sums borrowed from her brothers.

ARTHUR C. BUTTS.

CLASSIFICATION OF MENTAL DISEASES.*

REPORT OF THE PROGRESS OF,

By Clark Bell, Esq.

Member of the International Committee, Etc., Etc.

The general interest felt in the subject of a classification of Mental diseases, upon a basis so simple and practical, that it will meet the approval of both Alienists and Publicists throughout the world, as a basis for uniform, International Statistics, regarding insanity, has led me to briefly call the attention of the Medico-Legal Society of New York, to the present position of the subject, as well in the countries of North and South America as in the European countries.

The readers of the Medico-Legal Journal have been made familar with the effort inaugurated by the Society of Mental Medicine of Belguim, which resulted in the International Committee appointed at Antwerp last Sept., to grapple with the difficulties in the way of a successful solution of the problem. It is hardly necessary now to recapitulate the work under which distinguished Alienists have been interested in co-operating in these labors, or to re-state what has been previously done on this Continent, to bring the subject forward for a general discussion.

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* Read before the June meeting of the Medico-Legal Society.

The personale of the various committees appointed in response to the invitation extended at the request of the Belgian Society, has been announced, but it may be proper to re-state them as they are framed at this time.

The International Committee on International Statistics of the Insane and Classification of Mental Diseases is composed as follows:

Dr. D. Hack Tuke, of London, for England; Dr. Guttstadt, of Berlin, for Germany; Prof. Dr. Benedikt, of Vienna, for Austria; Dr. Magnan, of Paris, for France; Dr. Valdemar Steenberg, of Copenhagen, for Scandinavian countries; Dr. Mierzejewski, for Russia; Dr. Ramaer, of the Hague, for Holland; Dr. Sola, of Buenos Ayres, for South America; Mr. Clark Bell, for North America; Prof. L. Wille, of Basle, for Switzerland; Prof. Andrea Verga, Senator of Milan, for Italy.

The paper of Prof. Lefebvre, of Belgium, the proceedings of the Congress at Antwerp, the letter of B. C. Ingels, M.D., to the American member of the Committee, have been forwarded to several of the learned and scientific bodies in the United States and Canada, and the attention of the American, Canadian and Mexican Governments called to the desire of the Belgian Society, and that it requested the co-operation of these bodies and Governments to the work imposed upon the Committee by the Antwerp Congress.

The following gentlemen have been named by the learned societies, as their representatives in the work up to the time of our going to press, leaving some yet to be heard from:

The Medico-Legal Society of New York:—Dr. Pliny Earl, of Northampton, Mass; Dr. Alice Bennett, of Norristown, Pa.; Dr. Charles H. Hughes, editor *Alienist and Neurologist*, St. Louis, Mo.

The National Association for the Protection of the Insane and the Prevention of Insanity:—Dr. Charles K. Mills, of Philadelphia; Dr. John C. Shaw, of Flatbush Asylum, N. Y.

The American Association for the Cure of Inebriety :—Joseph Parrish, M.D., Burlington, N. J. ; T. D. Crothers, M.D., Hartford, Conn. ; Dr. Albert Day, Superintendent Washington Home, Boston, Mass.

The Society for Promoting the Welfare of the Insane :—Dr. Henry R. Stiles, New York City ; Edward P. Wiley, Esq., New York City.

The Association of Medical Superintendents of American Institutions for the Insane :—Dr. Charles H Nichols, of Bloomingdale Asylum, New York ; Dr. Henry P. Stearns, Hartford Retreat for Insane, Hartford, Conn.

The Massachusetts Medico-Legal Society :—F. Winsor, M.D , President of that Society, Winchester, Mass.; Ira Russell, M.D., Superintendent Insane Hospital, Winchenden, Mass.

American Academy of Medicine :—Dr. E. W. Cushing, of Boston ; Dr. A. D. Rockwell, of New York ; Dr. P. N. Connor, Cincinnati, Ohio.

Medico Chirurgical Association of Canada :—Dr. Henry Howard, Montreal ; Dr. James Stewart, McGill University, Montreal.

New England Psychological Association :—Dr J. P. Bancroft, Concord, N. H ; Dr. William B. Goldsmith, Superintendent Butler Hospital, Providence, R. I. ; Dr. Walter Channing, Brookline, Mass.

The letter of Dr. Pliny Earle, the Nestor of Alienists, appeared in the March number of the Journal, (p. 462 and 463.)

I shall endeavor to briefly report the progress of the labors of the International Committee.

Dr. Chas. H. Hughes, one of the Committee named by the Medico-Legal Society, to co-operate with the International Committee, writes as follows :

St. Louis, May 10, 1886.

Clark Bell, Esq.,

My Dear Sir :—The appearance of your valuable journal for March on my desk reminds me that I owe you a note of thanks for having named me on the committee with Earle and Bennett, on the Classification of Mental Diseases.

I send accompanying this the photograph you long ago requested, but which I have only lately had the time to sit for.

I have read with much interest, Dr. Earle's letter on Classification, and concur in his view of the necessity for simplicity.

There should be at least three broad classifications to make the species, and then varieties might be made to suit individual notions, viz.: the insanity of organism, or of organic heredity, which would include the *primare Verructheil,* or paronoia, and all of Hoffbaur's grades of hereditary imbecility and idiocy, and do away with the sophistry of making a distinction between morbid defect, and disease,in order to save the change of character symptom in definition. Hereditary defect is disease defect, the product of antecedent ancestral disease, or of disease in the individual, taking place *in utero.* These are the erratic forms of insanity.

All typical forms could then be classed under the heading of the pure psychical forms, in which intellectual delusions exist and characterize them; the semi-psychical or psychosensory, in which the intellectual disorder comes through perversion of special or of organic sensation. Under the one head you would have delusoinal manias and dementia. Under the other the morbid aversions and impulsive forms.

The purely psychical would embrace mania, general paralysis, and epileptic insanity and all primary intellectual aberrations, etc.

The psychosensory would include the hysterical delusions, melancholias and all affective or other emotional forms.

Insanity is a change of mental type brought about by disease,either in the individual or ancestral. If in the individual, it makes a change of character as compared with natural self; if ancestral the departure in character is from the original healthy type.

Irresponsibility should be no necessary part of any definition, but the expert should say to what extent and under what circumstances irresponsibility might exist.

The basis of classification might be extended so far as departure from physiological standard could be found,but complete definitions founded on pathological changes cannot yet be made, nor can they in many diseases centering elsewhere, for pathological views are continually modified by new discovery.

Yours truly,

C. H. HUGHES.

Dr. Walter Channing, a member of the Committee selected by the New England Psychological Association, writes upon the same subject as follows:

BROOKLINE, MASS., May 15th, 1886.

CLARK BELL, ESQ.,

Dear Sir:—Your letter of the 11th inst., asking me (as a member of the New England Psychological Society Committee, appointed at your request, to consider the subject of an "International Classfication of the Mental Diseases"), to make a communication to you on the same, is at hand, and I hasten to reply. Allow me to acknowledge the receipt of the Medico-Legal Journal containing Prof. Meynert's paper and the letter of Dr. Earle.

I have myself, as yet, never seen an entirely satisfactory classification, though several have been founded on good and reasonable principles. When worked out by their authors they were lacking in the clearness and conciseness which would make them easily understandable and ordinarily useful. Perhaps the fault was with the would-be user and not the author, it might be said. And this would lead to the question, should a system of classification be simple and capable of comprehension by the average alienist, or would a complex and infinitely detailed one, which would be better adapted to meet the highest scientific tests, more adequately fulfill the conditions?

My answer to this question would be that we require the first kind of a system, and no other will ever be successful in the sense of being used, however justified by scientific data.

Whether an international classification can be established must be a matter of uncertainty, until the experiment has been tried. The great difficulty, at present, consists in the different degrees of progress which have been made in the study of mental diseases by the different countries. While we, as Americans, need not reproach ourselves with being behind hand in the care and treatment of the insane, as compared with any other country, we have some ground for asserting that we are behind Germany, France, Italy, and shall we modestly add—England, in our theoretical studies and observations. We need not be ashamed of it, for we are always willing to patiently learn theories of all other nations, and adapt them to practical uses. We are and must be essentially practical in our point of view.

Therefore, I am led to say that the system which will be of use in statistically classifying the mentally diseased in German asylums, may be entirely unfit for a similar purpose in American hospitals for the insane. Take the arrangement proposed by Professor Meynert, for instance, which seems to me in many respects admirable, as far as I have looked into it. Are we justified in making an "acute insanity" as separated from "melancholia" and "mania"? What is ordinarily understood here by "primary imbecility"? Is "chronic primary insanity" generally recognized? Is it desirable to have a division of "Toxical Mental Disorders" or a division of "individuals who need watching"?

Far be it from me to here criticise in any way the carefully arranged plan of Professor Meynert.

I merely interpolate the question, whether the present mixed condition of American psychiatrical knowledge warrants the assumption of the German standard?

In adopting any system of classification in this country, the most careful attention must be given to its forensic bearing. Will it bear the test of the law? Can it be understood by the court, or be made ordinarily available in medico-legal cases? These are all questions requiring study and extended discussion.

I am strongly of the opinion that a meeting for a thorough discussion of the whole subject will be the only way to get at the best ideas of many of the medical profession. As many of the more recently appointed committees have, as yet, hardly had time to give the matter any thought, I would suggest that we meet in New York in the autumn. In October, I myself would certainly be present, as far as I can now foresee.

Excuse the briefness of this letter. Further elaboration I will defer until later.

Yours very truly,

WALTER CHANNING

A conference of all the members of the various American and Canadian committees has been suggested for systematic work on the questions submitted by the Antwerp Congress for the coming summer vacation or autumn.

Dr. Chas. K. Mills has suggested Atlantic City for the place of meeting. Dr. Pliny Earl, Saratoga, and others, the City of New York. The matter is under advisement, and will soon take definite shape.

The Mexican Government has acknowledged the receipt of the invitation to name a committee for co-operation in this work, and has notified the American member that the President of that Republic is now considering the subject, and will forward the names of destinguished Scientists of that country to co-operate in the labors of the International Committee.

At the Jan'y meeting of the Belgium Society of Mental Medicine, the Secretary, Dr. B. C. Ingels, submitted an analysis of all the letters and reports made to him by the various members of the International Committee down to that date.

He stated that Prof. Verga, delegate for Italy, Guttsstadt for Germany, Benedikt for Austria, Clark Bell for North America, Willie for Switzerland, Mierzejewski for Russia, Steenburg for Scandinavia, Hack Tuke for England, Magnan for France, and Ramaer for Holland, had made reports.

His analysis is published at length in the *Bulletin de Societe de Medicine Mentale de Belgique*, 1° fasicule for 1886., p 25 et seq.

The personale of the various committees, appointed in the United States at that time, in response to Mr. Bell's invitation is published, as furnished by the latter. (1)

Professor Andrea Verga, President of the Societe Freniatria Italiana, submitted a plan of classification as follows:

- Phrenopathies or Chronic Mania (Mental Alienation.)
  - Congenital or Phrenasthenia, (Cerebrasthenia)
    - Imbecility,
    - Idiocy,
    - Cretinism.
  - Acquired Phrenoses or Psychoses
    - Mania,
      - With fury,
      - Without fury.
    - Monomanie,
      - Intellectual,
      - Emotional.
    - Melancholie, or Lipe Mania
      - Simple,
      - With Stupidity.
    - Dementia,
      - Primary,
      - Secondary.
    - Mania, double or recurrent.
    - Moral Insanity.
    - Phrenoses or Psychoses Complicated with
      - Sensory, Psychoses,
      - Hypochondria,
      - Hysteria,
      - Puerperal Insanity,
      - Epilepsy,
      - Alcoholic or Tonic,
      - Pellagreous Psychoses,
      - Paralysis,
      - Senility.

Note (1.)— *Vide* list published in March number of Medico-Legal Journal, page, 455.

Dr. Guttstadt had submitted a plan of inquiries to be submitted to institutions, and furnished a list of fifteen questions in one formula and five in another, that he advised be sent to all Superintendents of Asylums, to be answered and returned under the signature of the Medical Superintendent.

The *Bulletin* contains a French translation of both these formulas, which are based upon the classification in vogue in the statistical Bureau of the German Government, at Berlin, with which Dr. Guttstadt has been so prominently identified. The formula of these questions is as follows :

Formula A.

Proposed by Dr. Guttstadt, of Berlin, to be sent to all Superintendents of Asylums for a response.

ASYLUM AT———

1 Date of entry,
2 Name in full and sex,
3 Place of birth,
4 Residence—In what Prison—Asylum or Hospital ?
5 Date of birth
6 Single, Married, Widowed, or Divorced,
7 Religious profession,
8 Social position,
9 Duration of insanity, before admission,
10 Were parents related ? If yes, in what degree ?
11 Characteristics of disease, whether mental, nervous, homicidal, suicidal, or criminal, and peculiar traits or characteristics.
    1 Residence of father ? Of mother ?
    2 Residence of grandfather, grandmother, uncles, aunts, paternal, maternal ?
    3 Residence of brothers and sisters,
12 Has he violated any police regulation ?
    What and how ?
    Has he been punished and how ?

13 Form of Malady, (*a*) Alienation simple, (*b*) Alienation with paralysis, (*c*) with epilepsy or epileptic hysteria, (*d*) Imbecility (from birth) idiocy, cretinism, (*e*) Delirium-Tremens, (*f*) not insane.
14 Has he any physical defects and what ?
15 Has he been in any Asylum ?
  When, at what date, and where ? 1st time
  Was he discharged cured or not cured ?
  2d time, when taken and how long.
  3d " " " " " "
  In these times has he been discharged cured or not cured, and how many times ?
16 Is he a free or a paid patient ?
Dated 188

Signature of the Physican in Charge.

Formula B.

ASYLUM AT———

1 Name in full, and sex,
2 When admitted,
3 Form of Mental disease.
4 Discharged as
  a Not insane.
  b Cured.
  c Improved.
  d Not cured. { Where has he gone ? { To what institution ? To his family ?
  e If dead, cause of death, without autopsy.
  " " " after autopsy.
5 Total time remaining in Asylum.
6 Time in Asylum when he died ?

Signature of the Physician in Charge.

Professor Benedikt reported his action. After consulting Leidesdorf, Meynert, and Gauster, he had called the Alienists of Austria and Hungary together. It was at this convention that Prof. Meynert read the paper, a translation of which appeared in our last issue ; the classification submitted by Meynert is published in the *Bulletin* of the Belgian Society. (2).

Note (2)—See page 415, March number, 1886, Medico-Legal Journal for Meynert's classification.

To make all the classifications thus far submitted complete, we copy from Dr. Meynert's paper above referred to the classifications given them by him.

Professor Lefebvre's classification approved by the Belgian Society.

1 Idiocy,
2 Cretinism,
3 Dementia Paralytica,
4 Dementia.
5 Toxical Alienation,
6 Mania,
7 Melancholia,
8 Folie Circulaire.

The German plan quoted by Meynert as hinted at by Guttstadt and substantially adopted at the conference of German Alienists, at Frankfort-on-the-Main, in 1881—

1 Ordinary Mental Disorder,
2 Paralytical Mental Disorder,
3 Mental Disease accompanied by Epilepsy,
4 Imbecility, Idiocy, and Cretinism,
5 Alcoholic Mania
6 Individuals who need Watching.

Westphal's plan cited by Meynert and approved by Weisbaden conference of 1873—

1 Melancholia,
2 Mania.
3 Secondary Mental Disease,
4 Paralytical Mania,
5 Epileptic Mania,
6 Imbecility, Idiocy, and Cretinism,
7 Delirium-Tremens (Toxic.)

MEYNERT'S PLAN OF CLASSIFICATION.

As submitted to the Austria-Hungarian Conference.

Simple Mental Disorder.

Acute.	Melancholia, Mania, Insanity, Primary Imbecility,
Chronic.	Primary Insanity, Intermittent Mental Disease, Secondary ” ”
Complicated Mental Diseases.	Paralytical, Epileptical, Hystero-Epileptic, Mania,
Toxic.	Alcoholic, Other Toxic Agents.
Individuals who need watching.	Attempts at Suicide Crimes, &c., &c.

Dr. Steenburg's report of Copenhagen, is published entire in the *Bulletin*. We regret that want of space forbids our doing the same as it is very interesting. On consultation with Alienists in Denmark, Norway, and Sweden, he submitted the following classification :

1 Acute Mania,
2 Chronic ”
3 Degenerative ”
4 Alcoholic ”
5 Paralytic ”
6 Epileptic ”
7 Idiocy.

To which he submitted the following sub-divisions:

To the 1st	Melancholia,	Melancholie,
	Stupidity,	Heilbandemenz,
	Mania,	Manie.
To the 2nd	Chronic Melancholia.	Chronische Melancholia.
	Dementia,	Secunde Verrucktheil, Terminaler Blodsinn.
To the 3rd	Monomania,	Primare Verrucktheil
	Hypochondria,	Hypochondrisches Irresinn
	Hysteria,	Hysterisches Irresinn.
	Recurrent, Insanity	Pesiodisches ”
	Moral Insanity.	Moralisches ”
To the 4th	Delirium Tremens.	Delirium Tremens
	Chronic Alcoholic Insanity	Alkohlisches Irresinn
	Periodic Dipsomania	Periodische Dipsomanie
To the 5th	Paralytic Insanity.	Paralytisches Irresinn.
To the 6th	Epileptic,	Post Epileptisches ”
	Epilepsy,	Psychisch Epileptischs Aequivater.
	Transitory Delirium,	Mania Transitoria.
To the 7th	Imbicility,	Angeborne Imbecillital,
	Idiocy.	Idiotie.

Prof. Wille of Basle, Switzerland, had the promise of the Swiss Government that a simple plan should be agreed upon. He had consulted the Helvetian alienists who were unanimous against accepting the elaborate classification submitted to the Congress by Mr. Lefefvre, and submitted a classification upon which they had united, viz.:—

- 1—Psychoses Congenital,
  - Idiocy,
  - Imbecility,
- 2.—Psychoses Simple.
- 3—Psychoses Organic,
  - Psychoses Paralytic,
  - Psychoses Senile,
  - Other Organic Psychoses.
- 4—Psychoses Epileptic.
- 5—Psychoses by Intoxication.
  - Alcoholic Psychosis,
  - Other Psychoses from Intoxicants.

Prof. Wille submitted a paper, entitled:

"Aufgaben und Leistungen der Statistik der Geisteskranken," a translation of which in French appears in the same number of the *Bulletin*.

Dr. D. Hack Tuke of England had submitted a classification of mental diseases, which had been unanimously adopted by the Administrative Council of the British Medico-Psychological Association, which was as follows:

1. Mental Alienation.

   Congenital or acquired.

   Idiocy, Imbicility and Cretinism,

   with Epilepsy—without Epilepsy.

2. Epilepsy.

3. General Paresis.

4. Mania.
    - Acute.
    - Chronic.
    - Recurrent or periodic.
    - A potu—
    - Puerperal.
    - Senile.

5. Melancholia.
    - Acute.
    - Chronic.
    - Recurrent.
    - Puerperal.
    - Senile.

6. Dementia.
    - Primary.
    - Secondary.
    - Senile.
    - Organic (tumors, hemorrhage).

7. Chronic Delirium (Monomania.)

8. Moral Insanity.

Dr. D. Hack Tuke stated, that recurrent insanity had not been included because it required usually one year of observation before it could be certainly diagnosed, and an International classification should be as simple as possible, giving freedom to each country to add supplementary divisions if desired.

Dr. Hack Tuke has submitted simply on his own behalf a few subdivisions, as:—

Stupor, with or without melancholia, recurrent insanity, and the different forms of Melancholia and of Mania, Hypochondria, Hysteria, &c., &c. He thought the classification submitted was symptomatic. It might be well to frame an Etiological classification were it not for the difficulties in the way of its use for International statistics.

Dr. Mierzejewski of Russia, reported that he had submitted the action of the Antwerp Conference to the Society of Psychiatry of St. Petersburg, which had named a commission of nine members to make a report in conjunction with the Statistical Bureau of the Russian Minister of the Interior. But as a Congress of Alienists of Russia had been called to meet in October, 1886, the St. Petersburg Society had preferred to wait till after that Congress, before making a definite Report.

Dr. Magnan of France, wrote that the Societe Medico-Psychologique of Paris sympathised with the labor assigned the committee, but found that it would be difficult to arrive at a valuable result, owing to the wide divergence of views and opinions which existed in France among alienists upon the question.

He advised that a plan be adopted for collecting reports from Institutions and Superintendents, as to inmates, on a plan that would leave out all questions of Etiology, Curability, and Mortality, obtaining the total number of inmates with general description of the Insane. He realized the embarassment growing out of the nomenclature of each country, and the tendency to generalization in one location and to detail in another, and submitted a plan of blank formulas, that should be sent to and answered by each Institution, as follows:

Table A.

INSANE, ADMITTED AND UNDER TREATMENT FOR THE YEAR ——— AT THE INSTITUTION AT ———

MORBID FORMS.	No. of Insane under Treatment, Jan. 1, Each Year.		Insane admitted during the year.									
					REMARKS.							
			1st Admission.		Re-admitted.		Transferred from other Institutions		Transferred to, &c., &c.		TOTAL.	
	M	F	M	F	M	F	M	F	M	F	M	F
Idiocy												
Simple Dementia												
Mania												
Melancholia												
Insanity, acute or chronic												
Moral Insanity.												
Recurrent Insanity.												
Mental Alienation Complicated with Parlaysis												
Mental Alienation Complicated with Epilepsy												
Mental Alienation Complicated with Epileptic Hysteria												
Mental Alienation Complicated with Tumors & Cerebral Injuries												
Mental Alienation by Intoxication by any Toxic agent named.												

Table B.

AGE OF THE INSANE AT THE INSTITUTION OF——— FOR THE YEAR ———

AGE.	Idiocy		Dementia		Mania		Melancholie		Insanity Acute or Chronic		Moral Insanity		Recurrent Insanity		Complicated Insanity		Insanity by Intoxication	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1 to 10 years																		
11 " 20 "																		
21 " 30 "																		
31 " 40 "																		
41 " 50 "																		
51 " 60 "																		
61 " 70 "																		
71 " 80 "																		
81 " 90 "																		
91 " 100 "																		

Table C

DURATION OF THE INSANITY, AS COLLECTED AT THE INSTITUTION OF———— FOR THE YEAR ———

	Idiocy		Dementia		Mania		Melancholie		Acute or Chronic		Recurrent Insanity		Complicated Insanity		Insanity by Intoxication	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Congenital................ ...																
From one to two years.......																
More than two years.........																
Duration unknown......... .																

These various communications from the different countries of the world, have greatly encouraged the Belgian Society in the labor it has assumed, and seem to show the general interest felt in the subject by Alienists and publicists in various countries.

I should not omit the action of the Medico-Legal Society of New York, upon a subject which posseses for it so much interest.

At the meeting of December, 1885, I had the honor of moving that the paper of Prof. Lefebvre of Belgium, the action of the Antwerp conference, and the whole subject matter of Classification of Mental Diseases, and International Statistics of the Insane, be referred to a committee of seven, to be named by the president, who should examine the same and report to the body, which was adopted unanimously.

The committee named by the President, Prof. R. O. Doremus were:

- Dr. A. E. McDonald of the New York City Lunatic Asylum at Ward's Island, Chairman.
- Mr. Clark Bell of New York.
- Dr. Jennie McCowen of Davenport, Iowa.
- Dr. Ira Russell of Winchendon, Mass.
- Dr. Stephen Smith, State Commissioner of Lunacy, of New York.
- Dr. W. R. Birdsall of New York.
- Dr. T. H. Kellogg of New York.

Dr. Sola of Buenos Ayres, Representative for South America is in correspondence with myself upon the subject. He is now in Paris and will return home in September.

A plan is under advisement with the Belgian society, Dr. Sola and myself, to bring the States of Central America into the work by suitable representation, which however has not progressed sufficiently, to describe at present.

We do not under estimate the difficulties in the way of a solution of the problem under discussion, nor in modifying and unifying the various views, coming from so widely diversified sources.

The work is now well under way, and the coming summer and fall will, we think, bring the various reports from all countries represented, so that the labor of formulating a common basis acceptable to all, may be undertaken with fair hope of success.

TRANSACTIONS OF SOCIETIES.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF PROF. ISAAC LEWIS PEET.

A special meeting of the Medico-Legal Society was held at Cooper Institute, Wednesday Evening, March 17, 1886, the President, Dr. Isaac Lewis Peet in the Chair.

The President stated that the object of the meeting, was to hear the report of the committee appointed to investigate the matter of the election of Secretary at the annual meeting, December, 1885.

Dr. E. H. M. Sell, chairman of said committee presented its report, declaring that in the opinion of four members of said committee, J. E McIntyre, Esq., was duly elected Secretary of the Society at the last annual meeting.

Mr. Clark Bell moved that the report of the committee be laid on the table.

After debate Mr. Bell's motion was carried.

Mr. J. E. McIntyre then resigned all his claims to said office after thanking the members of the Society for their support.

Resignation accepted.

The Chair then stated that both of the contending parties for said office had now withdrawn and the Society could proceed to the election of Secretary. This led to debate. during which Mr. Butts read a letter from Mr. Leceister Holme in the interest of harmony and then presented the resignation of Mr. Holme as Secretary, which was duly accepted.

On motion the Special Meeting adjourned.

ARTHUR C. BUTTS,

Assistant Secretary.

The regular monthly meeting of the Medico-Legal Society was held at Cooper Institute, Wednesday Evening, March 17, 1886, the President, Dr. Isaac Lewis Peet in the Chair.

On motion of Col. Willis the Assistant Secretary was instructed to send notices to members of the election of Secretary at the next regular meeting.

Nominations of candidates for office being in order, Mr. Lavelle nominated Mr. J. E. McIntyre for Secretary. Mr. Bell nominated Mr. Albert Bach and Mr. Leceister Holme.

The Society then proceeded to elect a Treasurer in place of Dr. J. A. Irwin, resigned.

Mr. McIntyre moved that as Dr. Irwin was the only candidate for election, the Secretary be directed by the Society to cast a ballot for Dr. Irwin for Treasurer.

Mr. Bell moved as a substitute for said motion that the Society proceed to ballot for the office of Treasurer.

Mr. Bell's substitute was carried.

The Chair appointed as Tellers, Mr. Sewards and Mr. Hawes.

After balloting the Tellers reported to the Society that twenty votes had been cast for the office of Treasurer, of which

Dr. L. N. Leo received eleven votes; and Dr. J. A. Irwin, nine votes.

Dr. Leo was declared duly elected Treasurer of the Society.

Dr. Irwin then gave the Society his reasons for resigning, and for again consenting to become a candidate for the office of Treasurer. He moved that a committee of five be appointed by the Chair to investigate the financial affairs of the Society.

The Chair appointed as such committee:

B. A. Willis., John D. Coughlan, Dr. C. A. Doremus, R. B. Kimball, and Mr. Albert Bach.

Mr. Bell presented his resignation as one of the Auditors of the Treasurer's accounts, which was accepted and Mr. Coughlin was appointed in his place.

It was moved and carried that the papers of the evening be read by their title and printed.

The Society then adjourned.

ARTHUR C. BUTTS,

Assistant Secretary.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF DR. ISAAC LEWIS PEET.

The regular monthly meeting of the Medico-Legal Society was held at Cooper Institute, Wednesday Evening, April 21st, 1886, the President Dr. Isaac Lewis Peet, in the chair.

The minutes of the last regular meeting, March 17th, also of the special meeting held the same evening, were read and approved.

Mr. Clark Bell proposed the following named gentlemen as honorary members of the Society: Dr. Fordyce

Barker, Chief Justice Noah Davis of the Supreme Court, and Ex-Judge Charles P. Daly of the Court of Common Pleas.

After appropriate remarks by Mr. Bell in support of his motion, which had been approved by the Executive Committee, the said gentlemen were unanimously elected.

Dr. C. A. Doremus on behalf of the Committee appointed to investigate the financial affairs of the Society, reported progress, and stated the Committee's Report would soon be placed before the Society.

Dr. Ephraim Cutter, of New York, then read a paper entitled, "Diagnosis of Consumption in Life Insurance Cases," illustrated by the sciopticon. On motion of Mr. Butts a vote of thanks was tendered by the Society to Dr. Cutter for his interesting and able address.

It was then moved and carried that as the hour was late the paper by Dr. Tourtellot be read, by title entitled, "Lunacy Reform in New York."

Mr. Clark Bell then moved that the standing resolution, adopted March 1, 1882, establishing a Finance Committee and instructing the Treasurer as to payment of bills be rescinded, which, after debate, was adopted.

Mr. Bell moved that all business not connected with the scientific work of the Society be referred to the Executive Committee with power.

Mr. Butts moved, as an amendment, that the said Committee report its conclusions on all such matters, referred to the Society with recommendations.

The resolution as amended was adopted.

Mr. C. A. Doremus then moved that the whole matter lay on the table. Carried.

It was then moved that when the Society adjourn it should adjourn to meet the 2d Wednesday of May.

Adopted.

The Society then proceeded to fill the vacancy in the office of Secretary.

The Chair appointed Dr. Leo and Mr. Lavelle as tellers.

After balloting, the tellers reported that the whole number of votes cast was 13—of which Mr. John E. McIntyre had received 6 votes, and Mr Albert Bach 7 votes.

On motion of Mr. McIntyre Mr. Bach's election was made unanimous.

The Society then adjourned.

ARTHUR C. BUTTS,

Assistant Secretary.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF DR. ISAAC LEWIS PEET.

The regular monthly meeting of the Medico-Legal Society of New York was held Wednesday the 12th of May, 1886, at Cooper Institute, the President, Dr. Isaac Lewis Peet, in the Chair.

On motion, made and carried, the regular order of business was dispensed with.

The Chairman introduced Mr. Arthur C. Butts who read a paper entitled, "Killing of Children by Insane Parents."

The discussion of the paper was participated in by Drs. Carnochan and Leo, Mr. Davies and Mr. Albert Bach.

DISCUSSION.

Dr. Carnochan agreed with the author of the paper that the matter therein treated of was of the utmost importance to the community at large. He claimed there was nothing in the books specifically touching this phase of insanity which would throw any particular light on its pathology.

That there was nothing in metaphysics that would elucidate the problem of this form of disease, and although postmortem examinations of the victims of delirium tremens frequently showed congestion of the brain, which might be definitely attributed to alcoholism, the exact condition of the brain of insane parents who killed their children could not be positively stated by reason of the absence of opportunity to make examination in such cases. He thought it would be well for physicians to consider the matter seriously and carefully, and to avail themselves of every chance to examine the brain of the sufferer, in the event of the suicide of the parent, after killing the child, with the view of establishing, if possible, the condition and appearance of the brain, and thus become able to formulate theories as to the disease, which might tend to its alleviation, or the adoption of a proper course of treatment. He cited the case of the late wife of Dr. Seguin of this City, as a remarkable instance of the malady and of the absence of such exact knowledge of its nature as might have rendered it distinguishable and probably have led to a cure.

Dr. S N. Leo stated that in his opinion, derived from a very extensive experience as deputy coroner in this City, this form of disease was akin to, if not identical with homicidal mania, and that the examination, which he had so frequently made of the brains of victims of the last above mentioned disorder showed much congestion, coupled often with serious effusion in the lateral ventricles, and the probability was, that the same condition would be found in cases considered in the paper of the evening. He recognized the importance of careful study of all actual cases of this kind with a view of determining their exact pathology, tending towards alleviation and probable cure.

Mr. Wm. G. Davies considered the subject of vital importance and the very interesting paper of Mr. Butts worthy of careful thought. He differed from the author in considering the killing of children by insane parents as evidence of love and solicitude turned suddenly and unexpectedly to hate and abhorrence, leading to murder. He claimed that in every instance cited by the author, the killing was due rather to an undue and exaggerated fear of impending harm to the child resulting from great affection, from which harm the parent sought to save the child, by killing it. He did not believe the apparent paradox of a parent killing its offspring was so great as alone to warrant an absolute finding of insanity. He moved that the author be thanked for his effort and directed to furnish a copy of his paper to the Society for publication in the Medico-Legal Journal which motion was carried.

Mr. Albert Bach stated that he did not believe that this phase of mental disorder was entitled to any special classification as a distinct form of insanity, but thought that it might be considered under the head of "Individuals who Need Watching." That in his opinion the premonitory manifestations of aberration and symptoms of derangement were as a rule so uniform in character, in cases of this kind, that ample warning is generally given of the desirability, if not necessity, of watching or restraint attended by treatment, commonly applied in cases of melancholia or homicidal mania. He believed that in this way, protection would be afforded against the insane impulse of the sufferer. He thought that a recognition of the fact that the insane generally commit their acts of violence against those bound to them by the nearest and dearest ties, should be an additional reason for the interposition of special safeguards in their behalf, upon the first appearance of abnormally nervous conditions. He recognized the importance of investigation with the purpose of determining anatomical changes in the brain as a consequence of this special affection, if such it might be called, but thought that reasoning by analogy the same condition of the brain in these cases could be anticipated as in cases of delirium tremens. From a legal standpoint he did not think it well to conclude because a parent kills its child therefore the parent was insane. This would, if followed absolutely, be dangerous doctrine. Courts are governed by rules of evidence which they must follow and adhere to, and assumptions and presumptions outside of those rules, founded merely on moral beliefs, should not have more than their due weight in deciding a criminal case.

Mr. Clark Bell communicated his views on the paper as follows: The cases cited by Mr. Butts were only a few of the many which we constantly saw noticed in the public press.

In many instances, where the killing of the offspring has been followed by suicide of the homicide, judicial action could not, of course, follow, and beyond the shock which such accounts give us, we do not note them.

The most terrible case of the kind, which produced a profound sensation, was the act of one of our most gifted and lovely women in New York, the wife of one of our most eminent alienists, and sister of another.

Nothing but the awful fatality of insanity, could have made the unerring certainty of her act possible with such a weapon in the hands of a delicate, accomplished woman. No sane woman could have possibly committed such a rash act. There would have been a failure of purpose, failure of nerve, failure of aim.

The recent case of Gouldstone, tried and convicted in London, September, 1883, for the murder of his five children, is a case in point with those cited by the author of the paper. Gouldstone drowned three of his children in the cistern and crushed the skulls of the other two with a hammer. The jury, under the charging of the Judge found a verdict of wilful murder, because he knew the nature of the act, and its penalty, though clearly insane. (*a*.)

The case of James Cole, tried October, 1883, for killing his child, resulted in the same verdict before Mr. Justice Denman and a jury.

Both men were insane, but both knew very well the nature of the offense and its punishment. (*b*.)

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a A detailed account of the case of Gouldstone may be found in MEDICO-LEGAL JOURNAL in an article entitled "Madness and Crime," No. 3, Vol. II., p. 341.

b Vide "Madness and Crime," MEDICO-LEGAL JOURNAL, No. 3, Vol. II., p. 341.

The cases cited resemble in principle that of Dr. L. U. Beach, who killed his wife rather than his children. If there had been children, a child might have been the victim, on the same or a similar impulse. (*c*.) The literature of homicides by insane persons is full of similar cases.

The English Government, in the case of Gouldstone and Cole, took the opinion of eminent alienists after the trial, and both men were declared insane, and both were placed in the asylum at Broadmoor during Her Majesty's pleasure.

If the case of Louise Doherty is brought to the attention of Governor Hill, he will doubtless follow the action of the British Government, and have her placed in an asylum for the insane.

The real lesson of these cases is, what should be done with them ?

How can efficacious measures be instituted in time to prevent these awful catastrophies ?

And what should be done with the unfortunates who, under an insane impulse, commit these terrible acts ?

Dr. Bucknil says that, by general order, before trial, now in England, all cases are examined by competent, eminent, disinterested alienists, and if found insane are sent to Broadmoor and not tried.

How can we do that here ? Why should we not do it ?

It is wrong to discharge and set such cases free. Let our alienists devise some plan to put under proper restraint these marred and frenzied souls *before* and not *after* they have stained their hands in the blood of their children.

Mr. Clark Bell announced the death of Dr. A. M. Shaw, superintendent of the Connecticut Hospital for the Insane at Middletown, Conn.

Mr. Bell said—Dr. Abram Marvin Shaw was elected to active membership in this Society one year ago at the May meeting, and he died on April 12th at the Hospital under his charge at Middletown, Conn. He was born at Watertown, N. Y., and was but forty-four years of age at his death. He graduated at Jefferson Medical College. He was an Alienist of prominence and distinction. He served at Blakesley Alms House, Phil., after he graduated, after which he served as assistant to Dr. Buttolph, at the New Jersey State Lunatic Asylum. He held the position of Superintendent of the Conn. State Hospital for the Insane since the year 1876. He served as assistant surgeon

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c Vide details of case of Dr. L. U. Beach, MEDICO-LEGAL JOURNAL, No. 4, Vol. III, p. 1.

of United States Volunteers in the war. He was a prominent member of the New England Psychological Society of the American Medical Association, of the State Medical Society of Conn., the Association of Medical Superintendents of American Institutions for the Insane and of the Medico-Legal Society of New York.

Mr. Clark Bell also announced the death of Isaiah Williams, Esq., of the Bar of the City of New York.

Mr. Clark Bell said—The Society loses in the death of Mr. Williams one of the older members of the legal profession, a talented, earnest and enthusiastic lawyer who had for many years been in active practice at our bar. He resided in Westchester County, coming daily to his office in the City. He was a neighbor and friend of the late Horace Greeley between whom and himself there was a strong attachment. Mr. Williams was a hard worker in his profession,a good lawyer and an upright honorable citizen, who will be mourned by a large circle of friends. He took a deep interest in Medical Jurisprudence and though he never contributed any paper to this Society he was interested in its success, and was greatly respected by the speaker and the legal profession.

Mr. Wm. G. Davies said he had known Mr. Williams well for a number of years and knew that he had always taken great interest in the work of the Society. He moved that the condolence of the Society be conveyed by the corresponding Secretary to the families of both the deceased members whose deaths were announced at the meeting.

Motion was unanimously carried.

Mr. B. A. Willis sent a letter as Chairman of the Committee appointed to investigate financial relations between the Medico-Legal Society and the Medico-Legal Journal Association, reporting progress.

The letter was ordered filed.

The Society then adjourned.

ALBERT BACH, *Secretary.*

SOCIETY OF MENTAL MEDICINE OF BELGIUM.

PRESIDENCY OF DR. R. LENTZ—DR. B. C. INGALS, SECRETARY.

Jan'y 29, 1886. President Lentz pronounced his inaugural address and reviewed the recent Congress of the Society, and its practical results. It appears in full in the Bulletin of the Society.

Correspondence was very large and works contributed from various persons were received and referred to members.

The Secretary, Dr. Ingals, submitted an analysis of the letters and documents received from various members of the International Committee. M. Heger reported on the work of Meynert, "Psychiatry," referred to him by the Society, also on the work of Morseilli, entitled "Laws Regarding Suicide."

Dr. Peeters made a report upon Erlenmeyer's paper on "The Employment of Cocaine in the Treatment of Morphiana," and on Dr. Campbell's paper, entitled "Treatment of Maniacal Excitement." The subject was discussed by Dr. Heger, Dr. Desquin, Dr. Ingals, and Prof. Lefebvre.

The Pathogney and Treatment of Epilepsy, was fixed for the order of the day for next session, and the Society adjourned to meet at Brussels the last Saturday of April.

EDITORIAL.

LEGISLATION ON INSANITY.—Dr. Fred. H. Wines, the able and gifted editor of the new journal, "*The International Record*," has commenced a series of articles upon this interesting subject, from which we quote a few sentences:

> It is generally conceded that in almost every one of the United States, if not in all of them, the demand for a revision of the lunacy laws is urgent.
>
> These laws are, for the most part, a compend of prior statutes, borrowed from a variety of sources, and embellished by the crude suggestions of persons who have more or less clearly perceived the inadequacy of existing provisions, but who have not very well known how to cure their defects; some of these suggestions have come from discharged patients, whose recovery from their insanity was at least doubtful.

> The excellence of a general statute governing the insane may be estimated by the completeness and perspicuity with which it recognizes these distinctions and provides for the kind of treatment appropriate to lunatics of each of these classes. Purely medical distinctions are not recognized in any existing statute, which shows that the questions before the Legislature and the courts are not medical in their character, with the single exception that the one fact of the existence of disease must be determined by medical testimony.
>
> The precise function of a physician seems to be that of a physician merely and it is absurd, as well as unjust, to leave the decision of all the other questions involved to any tribunal but a court of competent jurisdiction, whose action should not be merely formal, but should proceed upon a careful and thorough investigation of all the facts in each case.

The relation of a lunatic is a double relation. He unites in his person two distinct characters—that of a person who needs medical care, and that of a man unfitted, by reason of his disease, which differs in its nature from all other diseases, for social life. What shall be done with him in the first of these two characters, is a medical question which a physician alone is competent to answer; what shall be done with him in the second, is in no sense a medical question. It is a question which involves his personal freedom, his ability to make contracts, and his right to the control of his own property, and it is, therefore, a question exclusively for the courts.

The fact of insanity(which can be established, in exceptional cases, without medical testimony, but which ought to rest on competent medical testimony, whenever such evidence is available) is not the only fact to be established at an inquest for insanity. It is one of a group of facts,including the patient's pecuniary ability, his legal residence, the character of the manifestations of the disease, etc., some of which are assuredly not medical facts, and for whose determination the judgment of a court is or ought to be an indispensable prerequisite. It is manifestly improper that the patient's friends or physician should be permitted to pass upon the question whether, in any specified instance, the judgment of a court as to the case is or is not essential. Every lunacy case should begin in an order of a court, and no step should be taken from beginning to end, so long as the insanity of the patient continues, except by order of a court; and when the insanity terminates by recovery or death, such termination ought (in our opinion, for which we shall hereafter give what appear to us to be good and substantial reasons) to be a matter of judicial record.

Dr. Wines has given this subject careful thought and study, and we know our readers will take pleasure in hearing from him. His journal is well worthy of support, costing only $1.00 per annum, and published by G. P. Putnam's Sons, New York.

THE INSANE OF NEW YORK CITY.—A most important, and we believe an advance step, has been taken by the Commissioners of Public Charities and Corrections in this City, in placing the medical management of all the Institutions under the supervision of one general superintendent.

The Resolutions adopted, were as follows :

Resolved, That the following resolutions be approved and adopted :

1. There shall be appointed by the Board of Public Charities and Corrections a General Superintendent of the Insane, who shall have general supervision of the insane coming under the care of the Department.

2. The institutions subject to his supervision shall be as follows, to wit : The Reception Pavilion for the Insane at Bellevue Hospital ; The New York City Lunatic Asylum on Blackwell's Island ; The New York City Asylum for the Insane on Ward's Island, and the branches thereof on Ward's, Randall's, and Hart's Islands, and the farm on Long Island.

3. It shall be his duty to visit each of the several institutions above named once in each week, or as often as may be necessary, to advise with the officers in charge thereof, and to inspect the wards, buildings, etc., and the patients confined therein.

4. He shall attend at the office of the commissioners once in each week, or more often if required, and shall then make to them such reports and recommendations as he may see fit, for their action thereupon.

5. All reports and communications from the various institutions, other than such as are matters of routine, or provided for by orders from the board, shall be made to it from the heads of the several institutions through the general superintendent, and as far as possible in writing at the time herein provided.

6. He shall forthwith establish, so far as may be practicable, schools for the instruction of the attendents upon the insane employed in the various institutions : shall prepare and submit to the board for approval, rules for their government, and shall have power to call upon the various medical officers of these institutions to take part in the giving of instruction therein.

7. He shall report to the Board such recommendations and plans as may conduce, in his judgment, to the more extended employment of the insane in such useful occupations as may be of benefit to themselves and the department.

8, Transfers of patients from one to another of the institutions named, and the return of patients from the several branches to the main asylums, or from the latter to the reception pavilion, shall be made only with his knowledge and approval.

Resolved, That under resolutions passed this day, Dr. A. E. Macdonald is appointed General Superintendent of the Insane of this Department.

The introduction of Dr. Simmons into the Board of Commissioners, has been a move in the right direction, and the selection of Dr. A. E. MacDonald as the General Superintendent of the Insane of the Department, will enable him to introduce and carry into effect many plans, which will not only ameliorate the condition of the Insane themselves, but will make changes for the better in the various departments of the service. We are very glad to note this action by our Charity Commissioners.

DR. FRANK OGSTON.—We are glad to announce that Dr. Ogston, late of the Aberdeen University, Scotland, has been appointed Professor of Medical Jurisprudence, in Dunedin College, Otago, New Zealand. We learned that Dr. Ogston sailed last winter for his new field of labor.

FEMALE PHYSICIANS.—Queen Marguerite of Italy has selected Dr. Margherita Farne, as her physician, who has had a large experience in the hospitals of Milan and Turin.—*Le Progres Medical.*

Dr. Hack Tuke in his "*Insane in the United States and Canada,*" says of female physicians: I am on the whole disposed to reckon among the advantageous courses pursued by the Americans, the appointment of lady physicians in some of their asylums—a practice which is certainly growing. I regard it as an experiment, and I think we ought to be grateful to our friends across the water for making it."

Dr. E. M. Cushier, in her address, at the commencement of the Woman's Medical College of New York, in speaking of the work of women as physicians, alluded to Dr. Kate Parker, the very able and efficient Resident Physician at the Maternity of the New York Infant Asylum as follows:

> "She has held the position, during the past six years, of resident physician, in one of the largest maternity hospitals in the city. She has reported on 1,300 accouchments. Her care and management of the women and children have been attended by such uniformly favorable results that compliments and congratulations have reached her from those learned in the obstetric art both in this country and in Europe. The statistics of the institution under her charge have been more favorable than those of any other maternity hospital in the world."

We can vouch for the well-deserved praise, given by Dr. Cushier, to this conscientious worker in a field so admirably adapted for a woman as a physician.

Dr. Parker could give the profession also, perhaps, more valuable statistical data than most physicians regarding the growth and weight of infants, as she has followed a careful system of weighing infant children, weekly and bi-weekly during her service, the dates and statistics of which would be highly prized by the profession.

The writer has, on other occasions, compared the death rate of the Maternity, under Dr. Kate Parker's care, with other institutions, home and abroad, and knows none with so low a death rate in the world.

DR. DESGUIN, President, and Dr. Jules Morel, ex-President of the Society of Mental Medicine of Belgium, have been elected corresponding members of the Societe Medico-Psychologique of Paris.

DR. DESGUIN, President, and Dr. B. C. Ingels, Secretary of the Belgian Society of Mental Medicine, have been elected corresponding members of the Society of Psychiatrie of St. Petersburg.

MR. CLARK BELL, Ex-President of the Medico-Legal Society of New York, has been elected a corresponding member of the Anthropological Society of Brussels, Belgium.

BENJAMIN F. VOSBURG, M.D.—We notice with pleasure that Mayor Grace has appointed Dr. Vosburg, Civil Service Examiner, vice Dr. W. L. Hardy, deceased. It is a good appointment, Dr. Vosburgh is one of the older members of the Medico-Legal Society of New York and well qualified for the place.

LEGRAND DU SAULLE.—Medical Jurisprudence as well as Mental Medicine has sustained in the death of this eminent Frenchman a severe and cruel blow. He was equally distinguished in both departments of Forensic Medicine.

Born in 1830, in Dijon, he early addressed his attention to mental diseases, and served in the Insane Asylums at Dijon, at Rouen and Charenton. He was one of the founders of the Medico-Legal Society of France. was for years connected editorially with *la Gazette des Hopitaux*, and on the editorial active staff of *Les Annales Medico Psychologique*.

He was made Medical Chief at the Bicetre in 1867, from which service he took charge of the Hospital *de la Salpetriere*.

The literature of Forensic Medicine is very full of his writings since 1873, and he was a constant contributor to *Le Progres Medical* and *la Gazette des Hopitaux*, down to the very period of his death at Paris, on May 6th, 1886.

Legrand du Saulle served as President of the *Societe Medico Psychologique* and was an officer of the Legion of Honor.

He was made a corresponding member of the Medico Legal Society of New York, last year.

We announce this death with profound respect, and admiration for his great talents, and regret at the loss which will be felt throughout the world of Forensic Medicine.

RECENT LEGAL DECISIONS.

Drunkenness and Criminal Responsibility.—Dr. Geo. H. Savage, the eminent English alienist, Sup't Bethlem Hospital, and corresponding member of this Society, read a paper last February, before the British Medico-Psychological Association, on the above subject, which we feel would interest our readers sufficiently to quote him entire as published in the April number of the *Journal of Mental Science*, of which Dr. Savage is one of the editors :

> Till recently we believed that, however much the members of the legal and medical professions might differ in regard to the definition of insanity, and to its relations to responsibility, they agreed in the main as to the question of drunkenness and its responsibilities.
>
> It seemed a pretty good, and, at least, comprehensible and straightforward decision, that acute drunkenness was no excuse for a criminal act, and, further, that if a man was unduly, that is morbidly, susceptible to drink, this morbid state was not to be accepted as an excuse for any crime.
>
> On the other hand, though a man may not be responsible for acts performed during drunkenness, yet it was considered just that he should be excused if his act were performed while he was distinctly out of his mind in an attack of delirium tremens, or still more certainly if he committed the crime while suffering from some recognised form of insanity which might have been caused by drink.
>
> There must be difficult cases, in which it will be the duty of the judge to point out the extenuating circumstances. Thus a man who has recently received an injury to his head, may be ignorant of the fact, that drink may affect him more powerfully than it did previously ; or again, a man who may have recently recovered from the effects of illness or privation, or who, in the earlier stages of some brain-disease, may be morbidly susceptible to the influence of drink, and may be excused if, under such circumstances, he committed a crime while drunk.
>
> On the other hand, it seems hardly reasonable to condone drunkenness in a man, who has already had several attacks of delirium tremens. Such a patient knows from past experience what danger he runs, and though his will power may be weakened, yet it seems to me in some cases, persons who have committed crimes while suffering from delirium tremens, might be fairly punished.

It has, however, been ruled that a person suffering from delirium tremens may be legally placed under certificate, and if this were accepted as generally justifiable, the right to punish such persons must be denied.

I should say, that though some persons suffering from delirium tremens may be certified as insane, yet the most ought not to be so treated, and that similarly there may be shades of responsibility in such cases.

If delirium tremens be made to be an excuse for crime of all kinds committed under all circumstances, it appears to me to be difficult to punish persons who are very drunk at the time the act is performed.

I have seen persons suffering from mental disorder varying in every degree from simple silliness to undoubted insanity, as a result of acute drunkenness. There are cases in which, from congenital and other physical defect, a person may pass direct from acute drunkenness into moral perversion, without having any distinct delirium, and there are other cases in which delirium tremens, has been followed in a few days by true insanity, which has lasted for weeks or months. The points above noticed, are noteworthy at the present time, for not only are crimes of violence perpetrated during drunkenness, very common, but the rulings of judges, vary most widely, as will be seen by the cases given below.

The writer of this article had to be present for part of two days in January, 1886, at the Old Bailey, where Mr. Justice Denman presided, and during that time four cases were considered in which the plea of insanity was raised, and in three of these, two of which we shall consider, drink was the chief or immediate cause, of the crime committed.

Mr. Justice Denman in each case, most emphatically laid down the law as follows: that a crime committed during drunkenness was as much a crime as if it were committed during sobriety, and that the jury had nothing to do with the fact that the man was drunk. The prisoner was supposed to know the effect of drink,and if he took away his senses by means of drink, it was no excuse at all. There was no hesitation about Mr. Justice Denman, and the general feeling was that his decision was just, but might in some cases be unduly severe. We shall refer to some of these cases in more detail later. Sir J. Stephen, in his "History of Criminal Law in England" (vol. ii., p. 165), says: "A man wildly excited by drink can hardly be said to know at the moment of that excitement, that any particular act which he may do, is either right or wrong. That which prevents him from knowing it is not mistake, but excitement. The reason why ordinary drunkenness is no excuse for crime, is that the offender did wrong in getting drunk, but a person brought into this state by some kinds of fraud, is said by Hale to be in the same position, as a man suffering from any other frenzy. If so it would seem to follow that if madness produces an excitement like that of a drunken man, the person so excited may, during each excitement, be said to be prevented, by disease affecting his mind, from knowing that his act was wrong.

After such decisions, it is very strange if the recent ruling at Lancaster, by Mr. Justice Day can be accepted. In the case of Joseph Baines, charged with the wilful murder of his wife, Ellen Baines, Mr. Justice Day is reported as saying, in reference to the ruling of Mr. Justice Manisty, in Reg. *v.* M'Gowan, "that a state of disease brought on by a person's own act—*e. g.*, delirium tremens, caused by excessive drinking—was no excuse for committing a crime unless the disease so produced was permanent," that he could not agree to this ; that the question was whether there was insanity or not ; that it was immaterial whether it was caused by the person himself or by the vices of his ancestors ; that he could not follow the decision of Mr. Justice Manisty in Reg. *v.* M'Gowan ; and that it was immaterial whether the insanity was permanent or temporary. His lordship added : "I have ruled that if a man were in such a state of intoxication that he did not know the nature of his act, or that his act was wrongful, his act would be excusable."

There seems to be no way out of this ruling, but yet we are inclined to think most judges will not follow the ruling of Mr. Justice Day.

The short report of this case will be found below, and the jury found the man guilty.

At Lancaster, on Friday, before Mr. Justice Day, Joseph Baines, fish-hawker, aged 41, was charged with the wilful murder of his wife, Ellen Baines, at Barrow, on December 25 last. Mr. Cottingham and Mr. Cross conducted the prosecution on behalf of the Treasury, and Mr. Henry defended the prisoner. Mr. Cottingham, in opening, stated that for some time previous to the committal of the crime, the prisoner and his wife had lived unhappily together, owing to his drunken habits. About a year ago prisoner had been judicially separated from her ; but at the time of the murder they were living together. Prisoner had been an abstainer for some time, but on Christmas Eve had been drinking heavily, and a violent quarrel ensued, which continued all night ; the prisoner never went to bed, but continued walking up and down stairs in a restless state. About 12 o'clock on Christmas morning, deceased went to the house of John Evans, next door, to ascertain the time, when the prisoner came in. He made for his wife, who fell back into a chair, calling out, "He has a knife !" The prisoner stabbed her four times, the wounds being from four to five inches deep. Evans knocked the prisoner into the fireplace, and the knife fell from his hand. The deceased crawled from the house on her hands and knees, and was carried to a sofa in her house, where she died in fifteen minutes. Evans said, "Is she dead ?" and the prisoner remarked, "If she is not dead, she ought to be." Before the prisoner was taken away he wished to kiss his wife, and said to her. "Whether you live or die, you know what has been the cause of this." On being charged at the lock-up, prisoner said : "It is all over last night's affair ; I saw it with my own eyes. I did it deliberately over that." The prisoner was under the delusion that his wife had been unfaithful to him. The defense was that the prisoner was insane and not responsible for his actions when the murder was committed. The evidence proved that the prisoner was in a wild, excited state at the time the crime was committed; that he beat himself with a stick, and ran his head against the wall. He had on several occasions been under treatment for delirium tremens; he had one attack a week previously, and another two days after committing the crime. The jury retired to consider their verdict, and, after an absence of seven minutes, returned into court with a verdict of guilty. His Lordship sentenced the prisoner to death in the usual form, expressing his concurrence with the verdict. The prisoner was apparently unmoved.—*Times*, Monday, January 27, 1886.

I must say that the decision of Mr. Justice Day appears to be so logically correct that I accept it as a very good example of the wide difference which must exist between the legal mind, and the medical mind. To the former everything must be regular, consistent, and definite, while to the scientific observer of natural and diseased processes everything is seen to be shifting and undefined.

It appears to the judge, that if a man has no control over his actions he cannot be blamed for not exercising what he has not, and it is absurd to let one man off because by self-indulgence for years he has reduced himself to weak-mindedness, and punish another who has only taken a few steps on the downward road.

Again, the admission of the doctors that the sins of the fathers are visited on the children, must free the sons from responsibility, and there can be no question of punishing an insane child, whose insanity has been produced by a vicious parent.

That drunkenness and insanity should be treated as if they were one and the same thing appears to me to cause the mistake.

And, having thus referred to several points of interest, I shall pass on to the cases which originally suggested this article.

The first was that of James Williams, tried at the Old Bailey, before Mr. Justice Denman and a jury, on January 13th, 1886.

James Williams, 18, laborer, was indicted for the wilful murder of Ellen Williams, his sister. Mr. Poland and Mr. Montague Williams conducted the prosecution for the Treasury; Mr. Geoghegan and Mr. Vincent were counsel for the defence. The prisoner was living with his father, a net-maker, and the deceased, his sister, a girl 16 years of age, in St. George's-in-the-East. All three were stated to have occupied one room. The prisoner returned home at midnight on the 2d of December the worse for drink. He told his father to go to bed, and he asked the deceased how she spelled the name of a woman to whom he owed some money. The prisoner, who was a volunteer, instead of going to bed, went out into the yard and returned shortly afterwards. Thereupon he took up his rifle, which was in the room, and, as alleged by his father, without putting it to his shoulder or taking aim, he discharged it at random. The bullet struck his sister, who was lying in bed. and caused her death. The prisoner's father struggled with him and took the rifle from him. The prisoner made various statements to the effect that he had intended to kill his father first, his sister next and himself last. He said he had shot his sister, and that he had cause to do so, as she had received a letter he did not like. He had, he said, made up his mind to do it on the Monday, and had brought three rounds of amunition from the butts, and he added that he hoped she was dead and he would swing for her. It seemed that a soldier named Maloney had become attached to the girl, that he had gone to Ireland with his regiment, and had written a love-letter to her. It was said that this was the letter the prisoner said he did not like. It was stated that the prisoner had always been an affectionate brother to the girl, and that lately some one he was much attached to had died, which had caused a noticeable change in his demeanor. Witnesses for the defence were called to show that the prisoner had at one time attempted to commit suicide. Dr. Bastian and Mr. Morgan, the medical officer of the House of Detention, were called on the part of the prosecution to show that the prisoner was of perfectly sound mind. For the defence Dr. Savage, the medical superintendent of Bethlem Hospital, was examined for the purpose of supporting the defence of insanity which was raised. He said that although the prisoner might not be actually insane, yet that he was of low mental power, and would be easily affected by drink. Mr. Geoghegan addressed the jury for the prisoner, and raised the two-fold defence that the accused was of such unsoundness of mind at the time of the act that he did not know the nature of the act, and consequently was not responsible for his actions, and that, in the absence of any evidence of premeditation, and considering that the prisoner was very much under the influence of drink, no weight could be attached to the statements made by him. If, however, the jury were not satisfied as to the allegation of insanity, they ought only to find a verdict of manslaughter. Mr. Justice Denman having directed the jury on the law as regards insanity, the jury retired to consider their verdict, and after an absence of about an hour and a half, they returned into Court at twenty-five minutes past seven, finding the prisoner guilty of manslaughter only. Sentence: Fifteen years hard labor.

It will be well to state a few particulars as to this man Williams. He is eighteen years old, and one of three surviving children out of a family of over twenty, most dying in infancy. His father was said to be intemperate; the prisoner had drunk steadily since he was fifteen; he took spirits as well as beer.

He was engaged to be married, but the girl died of small-pox eighteen months before the murder.

Since the death of this girl, he had been more and more intemperate, and had attempted suicide on several occasions, but it was stated that all these attempts were made when he was drunk.

On examination I found the prisoner an undergrown youth, with a very small head. He was very quick and bright in his answers to questions, having the quickness of a city Arab. He seemed quite indifferent to the position he was in. He said he had no recollection of the criminal act, but there is reason to believe that he had some vague recollection of it, but denied this for a purpose.

There was, in my opinion, no active insanity, and no delusion as a cause for the act, but one had to deal with a young man of very unstable inheritance. small capacity, and of very prematurely vicious life, who, while unconscious from drink, perpetrated an act without cause or premeditation.

The drunkenness was a vice, but the physique and the general mental and moral weakness were beyond the prisoner's control. I could not say he was actively insane, but I believed him to be weak-minded, but that this weak-mindedness preceded his intemperance.

The punishment was, however, in my opinion, a just one on the whole, and might, under some conditions, be the best training for so defective a being. Fifteen years of education and training might do good.

In the next case the plea of insanity was raised and accepted by both judge and jury, the only point of special interest being that the prisoner was a young married woman, who had had delirium tremens, and whose mental disorder resembled, in many particulars, insanity due to alcohol.

I have no doubt the murder of the child was perpetrated while the mother was insane, and was the outcome of her hallucinations, but at the same time the mental disorder was almost certainly the result of intemperance.

The following is the report of the trial in the papers :

Esther Base, 31, married, indicted for the wilful murder of Henry Base, aged nine months.

The prisoner was living with her husband, and had this one child, of which she was exceedingly fond. She had been noticed to be strange and suspicious for some time before the murder, on December 6. She was under the impression some one wanted to take the child from her. A doctor, on December 4th, told the husband that his wife ought to be certified and taken care of. On December 6, about 8 P. M., when the prisoner, her husband and his brother were in a room together, the woman got up excitedly and walked towards the window, which was shut, but the glass of which was out, and before any one could interfere to stop her, she threw the child out of the window. She then screamed out, "I have done it!"

She said several times that *they* wanted to take the child from her.

The child had fracture of the skull, and was past surgical aid. When taken into custody the mother said she was *driven* to do it, and she was glad she had done so, because the child had gone to the angels in heaven. The prisoner had always been affectionate and had treated the child well, and the question was whether at the time she did the act she knew the nature and quality of it, and that it was wrong. Medical evidence was given that the prisoner was of unsound mind, and did not understand the quality of the act. It was stated also that she had suffered from delirium tremens.

Mr. Justice Denman took no notice of the drink question, and only said that, after the opinion of the medical men that the prisoner was of unsound mind, he did not think further evidence was necessary, and ruled that the jury must be satisfied that the prisoner, at the time the act was committed, from a defect of reason, did not know the nature of the act, or that it was wrong. The jury found that she was insane, and the court directed that she should be treated as a criminal lunatic.—*Times,* January 15, 1886.

And thus these three interesting cases end, and, to my thinking, there is a general inconsistency in the result. The first man was hanged, though he committed his crime as the result of delusions which probably were due to drink, and though the judge is reported to have said that acute drunkenness is in itself an excuse. The second man was sentenced to a term of imprisonment when he ought to have been hanged or sent to an asylum. And the third case was sent to an asylum, no question being asked, presumably because, before the crime was committed, a medical man recognized insanity, and did not refer to drink as the cause.

INSURANCE AND MURDER.—A very interesting and important question of insurance law is settled by the recent decision of the United States Supreme Court in the case of Julia Armstrong, administratrix of John M. Armstrong, against the Mutual Life Insurance Company of New York.

The litigation grew out of the famous Hunter-Armstrong murder case. It will be remembered that in January, 1878, Armstrong was attacked at night in a street in Camden, N. J., and received blows on the head from the effects of which he died two days afterward. His assailant was unknown at the time, but suspicion soon fell on Benjamin Hunter. It was discovered that six weeks before the murder Hunter had secured a ten thousand dollar policy of insurance on the life of Armstrong in the New York Mutual, and had also taken out large policies in two other companies. The theory was that he had done this with the intention of secretly killing Armstrong and getting the insurance money. Hunter was tried, convicted, sentenced to death and hanged.

The case which the Supreme Court has just decided was a suit brought by the administratrix of Armstrong against the Mutual to recover the amount of its policy on his life. This was an endowment policy that had been issued to Armstrong and by him assigned to Hunter. It was payable to the assurer or his assigns in 1897, or to his legal representatives, if he should die before that time. At the trial in the United States Court in this city the company wanted to prove that Hunter had caused the policy to be taken out as a part of the crime of murder of which he had been convicted. The Court excluded this evidence, and ruled that, by the terms of the policy the amount of insurance was to go to Armstrong's legal representatives in case of his death before 1897, and that this provision of the policy was not rendered invalid by Hunter's crime. Judgment was accordingly rendered against the company.

This judgment is now set aside by the Supreme Court and the case remanded for a new trial. The Court holds that as a matter of law the assignment passed the entire interest in the policy to Hunter; that if the policy was obtained by fraud and for a criminal purpose it is wholly invalid; if not so obtained and the policy is valid, the legal representatives of Hunter, and not of Armstrong, are entitled to the insurance money, and that whether there was fraud in the matter was a question of fact for the jury to determine.—*New York Herald.*

THE BARTLETT-DYSON POISONING CASE has taken rank among the *causes celebres* of the age, and has excited much interest from its strange features.

REVIEW OF THE CASE.

On New Year's Eve, 1885, Mr. Edward T. Bartlett, a merchant of Pimlico, London, died after a lingering illness, leaving his property to his wife and appointing the Rev. Mr. Dyson executor. Shortly afterwards strange rumors were circulated respecting the cause of his death. Eventually it was intimated that Mr. Bartlett had been poisoned, and the name of his wife and the Rev. Mr. Dyson became connected with the affair. Mrs. Bartlett soon heard of these rumors, and, as shown, during the trial, was anxious to have a post-mortem examination of her husband's remains in order to place the cause of his death beyond doubt. She expended money freely, an autopsy was finally made, and February 9th an inquest was held. It was then proved that Mr. Bartlett died from the effects of chloroform, and it was claimed that the drug had been administered by his wife, who wished to marry the Rev. Mr. Dyson, a Wesleyan minister.

At the inquest, a statement by Mrs. Bartlett was read by her physician, Dr. Leach. She was sixteen years of age when she was married to Mr. Bartlett, and they made a compact to live together merely as loving friends. This agreement was kept for six years, when the husband began to encourage her affection for the Rev. Mr. Dyson. Shortly before his death, however, Mr. Bartlett began to manifest renewed affection for his wife, but she, feeling it to be her duty to the minister to resist her husband's advances, appealed to him to desist, as he had affianced her to Mr. Dyson.

PROTECTING HERSELF FROM HER HUSBAND.

The appeal, according to Mrs. Bartlett, had only a temporary effect, so she resolved to protect herself from her husband by waving chloroform in his face. On the night before Mr. Bartlett's death, as he was going to bed, his wife produced a bottle of chloroform, which he took from her. Upon awakening in the night, Mrs. Bartlett found her husband lying dead by her side.

MRS. BARTLETT ARRESTED.

The inquest was resumed February 11th, and the Rev. Mr. Dyson testified that Mrs. Bartlett asked him to buy some chloroform with which to quiet her husband, who was restless at night, and he purchased the drug as requested. Rev. Mr. Dyson also testified that he asked Mrs. Bartlett, after her husband's death, what she had done with the chloroform, and that she replied with an oath that she had never used it. During the evening of February 11th Mrs. Bartlett was arrested, and the Rev. Mr. Dyson was bound over to appear as a witness.

COMMITTED FOR TRIAL.

On February 18th the examination was finished, and Mrs. Bartlett and Mr. Dyson were both committed for trial in the Central Criminal Court on the charge of murdering Mr. Bartlett. The trial proved most sensational, though wearying, from the length of time it was before the court, London newspapers daily devoting columns to the testimony taken. A sensation was created February 27th by the evidence of a servant girl who swore to the frequency and duration of the Rev. Mr. Dyson's visits to Mrs. Bartlett, showing improper relations.

MR. DYSON DISCHARGED.

The Court, April 13th, declined to proceed against the Rev. Mr. Dyson, because convinced of its inability to sustain the indictment against him, and he was accordingly discharged, with the understanding that he should appear as a witness for the Crown. Mr. Bartlett's father being called as a witness, testified that he believed the will offered for probate as that of the deceased was a forgery. He also stated that Mrs. Bartlett, during her husband's life, once eloped with his brother Frederick, with whom she remained a week. Frederick, after this episode, came to America, and the witness did not know his whereabouts Dr. Leach, Mrs. Bartlett's physician, April 15th, testified that at one time he thought the deceased was insane. He could reach the bottle of medicine prescribed by witness for insomnia and containing chloroform, without raising himself from the bed. Witness had been informed by Mr. Bartlett of the peculiar relations he was maintaining with his own wife, the prisoner.

MR. DYSON'S PECULIAR IDEAS.

During the course of the examination, the Rev. Mr. Dyson was asked if he did not think that the possession of two wives at a time, on the principle entertained, as alleged, by Mr Bartlett, was an unwholesome Christian doctrine, and he answered in the negative, but admitted that his overtures to Mrs. Bartlett, during her husband's lifetime, were inconsistent with the conduct of a gentleman. The prosecution closed their case April 16th, and counsel for Mrs. Bartlett, in opening her case, indicated that the defence would be based largely upon the unreliability of the Rev. Mr. Dyson, the Crown's chief witness. Mr. Dyson was declared by counsel to be a "liar," counsel also contending that it was impossible for Mrs. Bartlett to have administered the chloroform which caused her husband's death.

In closing the case for the Crown, Attorney-General Russell contended that, from all the evidence that had been adduced, it was clearly impossible for Mr. Bartlett to have committed suicide, as alleged by the defense, and that there could be no doubt that he was killed by chloroform administered by some other person, and that this other person was the prisoner, Mrs. Adelaide Bartlett, who had been maintaining relations with the Rev. Mr. Dyson, and who was inspired to remove her husband because he was regaining his health. Mr. Russell dwelt upon the singular state of affairs which had existed in the family, and showed how distasteful the deceased had become to the prisoner by contrast with Mr. Dyson.

The Judge, summing up, told the jury that Mr. Dyson had taken advantage of the husband's maudlin nonsense to supplant him in the affections of the wife, and advised that no part of the clergyman's testimony, although he had been a witness for the Crown, be accepted as reliable.

The jury were out but a short time, and rendered a verdict of acquittal.

The defense presented two arguments which seem to have operated upon the jury with irresistible strength in favor of Mrs. Bartlett. The first was based on the undisputed fact that Mrs. Bartlett retained the chloroform bottle for a long time after her husband's death. It was argued that this could not have been so if Mrs. Bartlett had administered the fatal drug, and that it was contended that the prisoner, if she had killed her husband, would have taken every pains to remove the evidence of her crime, as murderers invariable destroyed, wherever it was possible for them to do so, the implements they used to cause death. Besides this, it was shown that Mrs. Bartlett was very anxious to have a post-mortem made on the remains, in order to ascertain exactly the cause of death, and that she authorized the expenditure of any amount of money to secure the best medical talent to make the autopsy, for the purpose of putting the case beyond doubt From this it was inferred that her motive was to establish her innocence above all cavil. When these facts were impressed upon the jury they were subjected to the influence of doubt, and they gave the benefit of the doubt to the prisoner, as instructed by the Court.—*N. Y. World.*

CHICAGO MEDICO-LEGAL SOCIETY.—We are glad to learn from the *Chicago Legal News*, that a Medico-Legal Society has been organized in that city.

We are glad to notice this movement, and feel confident that it will be a successful one. With the strong element existing in Chicago in both professions, there is no reason whatever, to doubt, that, such a Society will be a valuable element and coadjutor in the progress of Medico-Legal Science in the United States. We shall, with pleasure, notice the proceedings of this body, which, we learn, started with a membership of eighty-four physicians.and should certainly enroll an equal number of lawyers if the proper measures are adopted to interest the Legal profession in the movement. The officers for the year are as follows:

Dr. A. Steele, President; Dr. Chas. W. Earle, First Vice-President; Dr. Boerne Bettman, Second Vice-President; Dr. E. Wyllys Andrews, Treasurer; Dr. M. D. Ewell, Secretary.

There should have been some lawyers in the management as it seems to us.

JOURNALS AND BOOKS.

TRIAL OF DANIEL CLEVER.—For the murder of Wm. Martin, (American Volunteer Office, Carlisle, Pa., 1885.) Cumberland County, Pa., before Judge Wilbur F. Sadler. S. Hepburn, Jr., Esq., with J. E. Barnitz. Esq., and Hon. J. E. Beltzhoover, conducted the defense, which was on the ground of Insanity.

The case was very ably tried both for the people and the defense, John T. Stuart, Esq., assisting the District Attorney, Wm. J. Shearer, Esq.

General Insanity was not alleged or proved. The defense was Moral or Emotional Insanity.

The prisoner was acquited by the jury, and on an inquest was found sane, and set at liberty by the Court.

The argument of Counsel and the evidence complete are given in the volume.

The Hon. Mr. Beltzhoover, cited the MEDICO LEGAL JOURNAL, and its articles as authority, in his address, and spoke in high terms of its Editor, and of Mr. David Dudley Field's paper on "Emotional Insanity," quoting from each.

The charge of the Judge was very able and recognized an advance in judicial sentiment beyond the doctrine of the McNaughton case. The Judge among other things charged: "If he was however in fact the victim of an Insane impulse, which was uncontrollable and irresistible, and by which his reason, conscience, and judgment were overthrown, he could not in law be guilty of any offense."

He recognized the question as to the existence of "Emotional Insanity," but left it to the Jury to decide whether it did exist, after reviewing both sides of the question and authorities, and the able evidence of Dr. Gerhard, of the Insane Hospital at Harrisburgh on the subject.

HOW TO CARE FOR THE INSANE.—By Wm. D. Granger. M.D.

Dr. Granger conducted a regular course of instruction, since October, 1880, of the female attendants at the Buffalo State Asylum, which received Board authorization, and this volume is the summary of the lectures of the course intended to fit women for the position of skilled, trained nurses in Asylums.

It is an admirable hand book for attendants and nurses of the Insane, and Dr. Granger has given a small treatise well worthy of commendation by Superintendents of Asylums to their subordinates.

NEW YORK MEDICAL MONTHLY.—Dr. J. Leonard Corning, Editor, with an able corp of contributors.

We have received the initial number. Dr. Fessenden N. Otis, Dr. Geo. Henry Fox, and Dr. Henry Schweig, contribute three of the leading articles, while Dr. C. R. Agnew contributes a short paper on "Instruction of the Insane."

We believe Dr. Corning has the ability to make this new Journal a success.

It depends on the Medical profession, to decide whether they will sustain a Medical Journal, conducted by Medical men of ability as is done by the British physicians, or whether they will sustain publishers, in conducting Medical Journals, who have Editorial work done where they can get it cheapest, by phsicians of limited practice and experience, and out of which they can make the most money.

There is a wide gulf between such Journals as the *London Lancet*, the *British Medical Journal*, and the Medical Journals furnished by the New York publishers to the Medical profession. If Dr. Corning's effort is, as it seems, to raise the standard of Medical Journalism in New York City, it deserves the support of the profession ; and if it receives it, there will be a gain to Medical Science by the new venture.

RATIONALISM IN MEDICINE.—By William Thornton, (Boston, 1885.)

Dr. Thornton starts with the assumption that Medical practice is not a science.

He claims that Empiricism is the basis of substantially all that may be called Scientific in Medicine. He quotes Sir William Jenner's statement that "The Science of Medicine is a barbarous jargon. Every dose of Medicine is a blind experiment," by the side of Majendie's address to the students of the College of France.

"Gentlemen, medicine is a humbug ; who knows anything about medicine ?

I tell you plainly, I don't. Nature does a good deal. Doctors do very little, where they don't, do harm."

Granted this, he proposes a rationalistic departure in the field of Medical and Pathological Chemistry.

He proposes to locate disease chemically, and use compatible and not incompatible means. Dr. Thornton has studied these subjects, and is a deep thinker. The book contains food for thought. It is a masterly attack on the Empiricism that has so long dominated the practice of Medicine.

BOOKS, JOURNALS AND PAMPHLETS RECEIVED.

Orthopædic Surgery. By Sidney Roberts. (1886.)

Southern California Practitioner—Vol. I., No. 3.

Methods of Capital Punishment. By Walter Lindley, M.D.

Ueber, Piper Melhystianu (Kawa). By Dr. L. Lewin, University of Berlin (1886.)

Oxygen Treatment. New York. (1886).

The Physician's Magazine.—Foote & Swift. Philadelphia, Pa. (March, 1886.)

Medical Press of Western New York. (May, 1886.)

Chicago Medical Times. (May, 1886.)

Contagious State of Syphilis. By F. N. Otlis, M.D.

Report Proceedings, Illinois State Board of Health. (April, 1886.)

What is Soda Water ? By John Matthews.

Imprisonment in Civil Actions. By Edward P. Wilder, Esq.

The Legal Status of Medical Practitioners. By Ainsley Wilcox, Buffalo, N. Y.

Oration at Grave of Gen. John A. Dix. By Col. W. W. Badger. (1886.)

Zur Statistik der Findelpflege. Von R. W. Raudnitz. (Prager Medicenischen Wochenschrift, 1886 No. 2.)

Poorhouse Administration. Address, By Hon. Wm. P. Letchworth, (1885.)

Quarto Censi Mento Dei Pazzi. Ricoverati Nei Diversi Manicomj. ed Ospitli D'Italia. (31 December, 1883.) Per Prof. Andrea Verga (Milan, 1885.)

Etudes D' Anthro-pometrie. Sur Les Criminels, Les Fous, et Les Hommes Normaux. By Henri Ferri, Prof. Criminal Law, University of Seinne, Italy.

Ex-Chief Justice Daly was born October 31, 1816, in New York City. His parents were emigrants from the North of Ireland. He was admitted to the bar in 1839. He was elected to the State Legislature in 1843, and was appointed Judge of the Court of Common Pleas by Governor Bouck, in 1844, to succeed Judge Inglis.

His judicial career commenced May 1, 1844. He was re-elected continuously until his retirement from the bench, having reached the Constitutional age limit, making a record of over forty-one years of service, during which he was Chief Justice since 1858. Columbia College conferred the degree of LL.D. upon him in 1860. In 1867 he was elected a member of the Convention to revise the Constitution of the State.

Judge Daly has acquired national and cosmopolitan reputation by his presidency of the Geographical Society, which honorable position he has filled for the past twenty-three years. He is an Honorary member of the National Geographical Societies of England, Germany and Russia.

He has always been an interested student of medical jurisprudence, and identified with the Medico-Legal Society at an early day. He was Vice-President of that Society in 1873, and on his retirement from his long service on the Bench was unanimously recommended for re-election as an honorary member of that Society, a position which he now holds.

Aside from his valuable papers on geographical discussions, which entitle him to high praise, he has been a writer on judicial questions, and his opinions fill many volumes of our Common Pleas reports.

The New York *Times* says editorially of Judge Daly, on the occasion of his retiring from the bench:

> Judge Daly, is in the highest and best sense of the much-abused term, a self-made man. His decisions have not only been good law, but they have been well-expressed law. The scholar in him has come to the aid of the lawyer in making clear what otherwise might have been obscure"

Judge Daly has ever maintained the confidence and respect of all classes of citizens in this city, and his life and career is one of the best examples of that success which, in America, comes to the young man from patient endeavor and conscientious right action. Without a collegiate education, he has taken high rank as a jurist and held first place in this city as a citizen, scientist and gentleman.

C. B.

Benjamin Constant Ingels, M.D.

One of the most illustrious of the alienists and scientists of Belgium has died since our last issue. He expired on the 22d of May, 1886, at Ghent, Belgium, at the age of 55 years and 7 months.

He was Superintendent of the Guislain Asylum ;

Assistant Inspector General of the Insane Asylum of Belgium ;

Director of the Medical Society of Ghent ;

Secretary General of the Society of Mental Medicine of Belgium.

Corresponding Member of the Royal Belgian Academy.

Corresponding Member of the Medico-Legal Society of New York ;

Corresponding Member of the Russian Society of Psychiatry ;

Corresponding Member of the Society Medico Psychologique of Paris, and one of the most prominent of Belgian alienists.

The sad news of his death comes to us from his bereaved family, just as we go to press.

We received, a short time since, from Dr. Ingels, a portrait, which we have reproduced for the benefit of the readers of this journal. This loss will be profoundly felt among scientists throughout the world. C. B.

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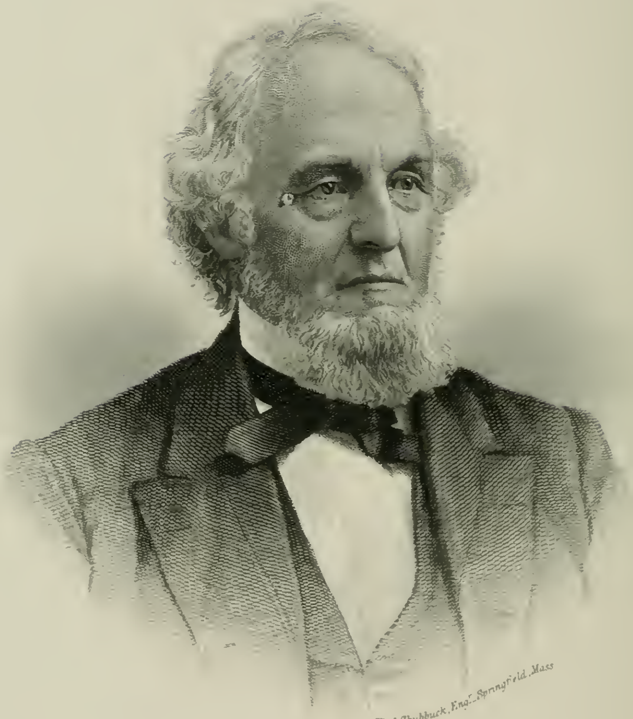
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ON THE RELATION BETWEEN LAW AND MEDICINE. WITH ESPECIAL REFERENCE TO THE PRINCIPLES OF THE MEDICAL JURISPRUDENCE OF INSANITY.

By Edward C. Mann, M.D., Brooklyn, N. Y.,

Member of the Medical Society of the County of New York ; New York Medico-Legal Society, etc.; Superintendent Sunnyside Private Hospital for Mental and Nervous Diseases; Associate Editor of Medico-Legal Journal of New York.

In the relations that exist between medicine and law, the testimony of experts is necessary for the purpose of arriving at truth in certain medico-legal investigations. The testimony of skilled witnesses is essential to a due observation and appreciation of facts, and such testimony can only deserve its name and fulfill its function when the witness is really skilled, that is, when he possesses those qualities of mind, that education of habits, and those stores of information which alone can make him a competent observer. It is because medical witnesses have often been unskillful in the particular directions in which their evidence has been taken, that so much discrepancy has occurred in their statements. Scientific testimony does not fail in the matter of facts because it is too minute, too cautious, or too true, but rather because it is wanting in minuteness, carefulness and precision. When it fails, it is because it is not the testimony of an expert. When facts are admitted there is often a great diversity of honest opinion with regard to their interpretation, which results from the varying range of experience and the different temperament of mind of those giving medical evidence. It is the want of observation of facts which mars much expert testimony. A man must have a broad and progressive, and not an antiquated and stagnant mind, to survey a wide range of human thought and feeling in such a manner as to be able to give valuable opinions. The conditions therefore which determine the existence of discrepancy in the statement of both facts and opinions, are to be found in the nature of medical science and in the varying power of observation and reflection possessed by experts.

The ultimate object of both the medical and the legal profession is truth.

Many ideas entertained twenty years ago are not accepted by science to-day. Science is progressive, and its existence is one of growth and change.

Its growth must remove old lines, which, although expressive of the truth entertained twenty years ago, do not express the truth as that is now received.

As the result of this, in medico-legal inquiries, the issue that is raised is often the wrong one. The real point may be that of capacity or incapacity of a person to manage his affairs, make a will or contract a marriage. The issue is raised as to sanity or insanity of mind and then by the present Code of New York, which is like that of some other States, the Judge has no option under the code, but to instruct the jury to insist on a test which it is impossible to apply, which is antiquated, and which fails to express the science of the present.

Let us look for a moment at this difference in opinion as to the sanity or insanity of an accused person on trial, see what gives rise to the difference in opinion, and, from the method of forming the given opinion, try to ascertain which is probably the correct one. In any given case the lawyer is governed by a precedent that may be wrong. The law decides to adopt a line, to which science must be brought to bear in its legal relationship. The law says, the line shall be drawn here, and all the evidence that an expert can give must be brought to that standard and tried by that test. Very good, *provided*, that the law will say to me as a physician, "We stand ready to make fresh lines of a provisional nature, as we recognize that science is progressive and that all tests must, in proportion to its progress, fail to represent its true position." But the law does not say so. If I am called upon in my professional capacity to treat one of our judges, I am expected to act in conformity with the fine modern distinctions which have been established between numerous forms of acute specific diseases, which differences are valuable in diagnosis, prevention, prognosis and cure. If I testify in a law court, before the same Judge, as to the sanity or insanity of an individual, an effort is always made to make me an exponent of that which was agreed upon in times gone by. I am asked, if in my opinion, the prisoner knew the difference between right and wrong, with regard to the particular act for which he stands accused. I can only reply that such knowledge has nothing whatever to do with the fact of insanity. That science teaches me that the test of insanity or sanity, is the presence or absence of incapacitating weakness or derangement of mind caused by disease. Incapacity is the real test of responsibility. In an inquisition my evidence is always based upon my opinion as to whether a man is capable of taking care of himself and his affairs.

In probate cases as to whether a man was capable of making a reasonable will; and in criminal trials, as to whether the act in question was the product of insanity, and as to whether the prisoner was capable of avoiding the compulsion of disease to crime.

I have shown how the jurist forms his opinion, *i. e.*, that he is governed by precedent and by lines which he has adopted as a test. Now, how do I form mine? At the request of the State, or of the Counsel for the defense I go to the jail and examine the prisoner. If I am perplexed, I examine him several times. I do not pretend to the omniscience of a confrere of mine, who, on a recent murder trial, when the death penalty would be the result of a verdict of "guilty," testified as to the prisoner's condition of mind, acknowledging at the same time that he had never personally examined him at all.

I examine narrowly the general appearance, conformation and shape of the head, the complexion, and expression of the countenance, the gait and movements, and the speech.

I ascertain the state of the health, of the appetite and digestion, of the bowels, of the tongue, skin, and pulse. Note especially the presence or absence of febrile symptoms as distinguishing delirium from madness.

I ascertain whether there is sadness or excitement, restlessness or stillness, and whether the sleep is sound and continuous, or disturbed and broken. In females the state of the menstrual functions, and of the presence of uterine disease is inquired into.

The family history is traced out, in order to ascertain whether there is any hereditary predisposition to insanity, and whether other members of the family have been subject to fits or betrayed marked eccentricities of behavior.

The personal history is ascertained with equal care. If the mind appear unsound, I ascertain whether the unsoundness dates from birth, from infancy, or from what time. If the unsoundness has supervened later in life, whether it followed severe bodily illness, accident, mental, shock, long continued anxiety of mind, repeated epileptic fits, in indulgence in habits of intemperance or in solitary vice.

I inquire whether the present state of mind differs from that which existed when it was reputed to be sound and whether the feelings, affections, and domestic habits have undergone a change.

I ascertain whether the existing unsoundness is a first attack, and if so, whether it began with depression or excitement. If not, did the first seizure follow a period of melancholy, passing into mania and then into slow convalescence. I ascertain if any signs of general paralysis are present in the speech or gait, if the patient has squandered his money, grown restless and wandered about, exposed his person, committed petty thefts, or had delusions of wealth or grandeur.

I ascertain the mental capacity by conversation directed to such matters as age, the birthplace, profession or occupation of parents, number of brothers and sisters and near relations, common events, remote and recent, the year, name of the month and day of the week, name of the Governor and President and of persons best known and most talked about. The power of performing simple operations in arithmetic, and the knowledge of the value of money is tested and the memory by repeating simple forms of words in general use. In testing the power of attention merely negative or affirmative answers to leading questions are distinguished from such replies as indicate judgment and reflection. If the inquiry relate not to the capacity of the mind, but to its soundness in other respects, delusions are sought for by conversations directed to the topics most likely to interest and excite the mind. The state of the moral feelings will be tested by conversation directed to relatives and friends.

In cases of supposed moral or psycho-sensory insanity the state of the emotions and moral feelings is tested by conversation directed to relatives and friends.

In cases of supposed moral insanity or reasoning mania, diligent inquiry is made into the motives which might have led to the commission of the act of which the party is accused.

I insist upon full opportunity being given me of forming my opinion, and am rarely content with a single visit.

It is upon all these points, elicited in a personal examination of a person supposed to be of unsound mind, that I, in common with every physician who deserves the name of expert, form the opinion that I subsequently express in a court of law at the trial. Is not such an opinion, based upon such an examination, pretty sure to be a correct one?

Now, careful as a man can be in his observations, and as sound as he can be in his opinions based upon them, his evidence is brought up in court to a line which is artificial and wrong, and is tried in relation to an issue which may be legally correct, but which is without any corresponding counterpart in science, *i. e.*, whether the prisoner, at the time he committed the overt act, could distinguish between right and wrong with respect to the individual act in question. Very few judges to-day will charge a jury as Judge Howard J.

Reeder, of Northampton County, Pennsylvania recently did, viz.: that "If the act in question was the offspring or product of mental disease, the jury should render a verdict of not guilty, on the ground of insanity." Such a charge was based on scientific truth and served the purposes both of justice and truth.

I have pointed out the necessity for expert or scientific evidence—have described the conditions which are required to render such evidence adequate for its purpose and worthy of its name—have suggested that some explanation of the frequent dissatisfaction felt with regard to medico-legal inquiries may be found in the fact that much of the scientific testimony rendered in our courts of law fail to fulfill those conditions or to possess those qualities ; have shown that there is an essential difference between the tendencies of scientific growth and of legal practice, and that much of the fault that is found may be traced to this fundamental difference; that science advances and has advanced so far as to obliterate old lines of distinction; that medical evidence, to-day, may often fail, even when truly and fully scientific, because it has passed beyond the old lines and landmarks mapped out in times gone by, but which still form the basis of legal practice.

A needed reform is to have the courts appoint the experts, so that the jury may not be bewildered by throwing upon it the burden of deciding between experts. It is absurd to ask the average juryman to decide between experts. They cannot do it, and, for the simple reason that the expert is giving, or ought to be giving, scientific evidence in obscure brain disease about which the jurymen know nothing. As in the Guiteau trial, one expert is pitted against another. Expert and scientific testimony virtually destroys itself, while an able man like Dr. Pliny Earle, of Northampton, Mass., went home without testifying at all.

The commonwealth or the Supreme Court Judge, or the trial Judge, should appoint the expert for either a term of two years or for each trial, as the case might be. Of course, counsel ought not to be deprived of their right to call in their own experts, but the plan we suggest we think a good one. A man like Judge Barrett, or any of our Supreme Court Judges would appoint only physicians well versed in forensic medicine, the jury would attach much weight to any man's testimony given in such a manner and under such circumstances, and the District Attorney would also be satisfied that the ends of justice and truth were subserved. Personally, I have nothing but thanks for the uniformly courteous manner in which counsel for the commonwealth and for the defence also, have dealt with my testimony, and feel sure that generally they do only, with all medical witnesses, that which the circumstances compel them to do. I think, however, that for the sake of justice and science, it is desirable that the counsel, on both sides, should know, before the trial, the exact position of medical opinion. Were they thus informed by the expert appointed by the Judge they could save themselves much trouble and the jury much perplexity. Our Judges have vast attainments, keen appreciation, and great habitual fairness, yet be they ever so learned, skillful and honest, they cannot know the exact scientific worth of medical details, and are liable to be hindered rather than assisted by the varying opinion of experts, one asserting that the prisoner is a sick man and another that he is a well man. The jury have to decide whether the expert for the defence or the expert for the prosecution is the most worthy of his credence. They may be totally uneducated in physiological or medical science, and yet have to decide as to whether Dr. G. or Dr. K. has made the correct diagnosis of the case.

The jury have to decide when there is utter discrepancy between learned members of the medical profession. This would be all avoided were the court to appoint one or two experts to give testimony subsequent to an examination of the accused. The jury would see that here was scientific, impartial testimony, and would attach much weight to it. The testimony of a physician should represent accurately the science of the day. The medical witness is not a partisan, and should never allow himself to become one. He has duties to the profession as well as to the lawyer by whom his services are sought. The medical profession should agree upon standard rules of observation which should apply to the several classes of cases which we see most frequently in medico-legal practice.

We have it within our power to make medico-legal investigations as satisfactory as they are important, conducive at once to the good of the individual, the honor of the medical profession, and the cause of truth. There is no necessary break between law and medicine. The physician investigates the case and examines it, and announces the truth to the lawyer, who applies it to his case, demanding immunity from penal punishment for the sick man, diseased in mind, or defending his client on other grounds, if the physician declares him a sane man with normal capacity and responsibility.

We come now to another point in the principles of the medical jurisprudence of insanity, viz.: As to the essential fact to a correct comprehension of insanity, which is this, and Hughes has expressed it thus : That whatever conception we may hold as to the essential nature of mind, it is allied in all its manifestations to organism and cannot, in life, be dissolved from it. I think, that a comprehensive definition of this difficult subject, upon which we can stand in all cases, must recognize the fact that mental disease is in the individual, and not in his intellect alone, and not always there primarily. The real essence of insanity, I think, is a subjective morbid change in an organism, due either to ante-natal or post-natal conditions, usually to both, in the nature of deranged organic or special sensation or impulse. Organic feelings mislead the mind and may prove as delusive as special sense subjective impressions, misleading the mind, so that it acts in a manner neither natural to the individual nor to the normal type of the individual. The standard of comparison in insanity cannot always be self, but the normal self type before the morbid ancestral departure. The essential condition, in mental disease, is the changing and misleading subjective impressions of the insane person, coupled with the resultant change of conduct, or of reasoning, or both. Where insanity is hereditary and evolved with the natural evolution of a man's organism, that man, in a broad sense, is a life-long sufferer from delusional insanity, in that he is born with, and retains through life a subjective morbid condition of his nervous system which misleads the mind or conduct. It is the abnormal condition of the organism which deranges the normal display of psychical function, and causes the departure from what we recognize in the healthy man as normal mind. In all the varieties of insanity, therefore, this proposition, originating with Hughes, is applicable, viz.: morbid delusive conception or perception of subjective origin, causing change of mental character, as compared with former self, or normal ancestral type, through organic conditions originating in disease within the system, external motives playing but a secondary part when they influence at all the mental conduct. Owing to the nerve instability of the insane man, his judgment and conduct are the result, not of external motives so much as of his diseased and delusive feelings and impulses. This being insanity; disease of the body affecting the mind by deranging its functions and causing such an impairment of the healthy intellect, the emotions or the will as to render the individual irresponsible ; what, then, is sanity ? Judge Edmunds gave the best definition of sanity I have ever known. He said that a sane man was one whose senses bore truthful evidence ; whose understanding was capable of receiving that evidence ; whose reason could draw proper conclusions from the evidence thus received ; whose will could guide the thought thus obtained ; whose moral sense could tell the right and wrong of any act growing out of that thought, and whose act could, at his own pleasure, be in conformity with the action of all these qualities. All these things unite to make sanity. The absence of them is insanity.

It being our intention, in some future number of this journal, to endeavor to formulate some general principles, applicable to medico-legal trials where insanity is alleged as a defense, we close by saying that we trust the time is not far off when every Judge, in his charge to the jury, will say, that if the jury believe, from all the evidence in the case, that the given act was committed by the prisoner, in consequence of insanity, they shall acquit him on that ground. When the Judges will have the boldness to say to the jury that no act is a crime if the person who does it is prevented, by any disease affecting his mind, from controlling his own conduct, and when they will define insanity themselves to the jury as incapacitating weakness or derangement of mind caused by disease, in place of insisting on a test which it is impossible to apply.

HYSTERICAL WOMEN.

By Legrand du Saulle.

Late Corresponding Member of the Medico-Legal Society of New York.

Translated by Dr. Fred. H. Wines.

It may be said that, physiologically, hysteria consists in the impairment of the will and the correlative exaggeration of the emotions, culminating in the overthrow of the normal equilibrium between the cerebral and the medullary functions. But no definition of hysteria has yet been given, and probably none ever will be.

When one finds one's self in the presence of a hysterical woman, and attempts to study, in their multiple aspects and varied manifestations, the patient's complex symptoms, one must never lose sight of the tendency to deceive, to practice imposition, especially upon physicians, which characterizes the great majority of women of this type. Some skeptical spirits have even gone so far as to assert that it is impossible to assure one's self of the reality of any symptom of hysteria, however insignificant. According to them the whole is simulation; and observers who have given credence to the actuality of the symptoms observed by them have been nothing less than the dupes of an audacious mystification.

What a hysterical woman says is worthy of little credit.

Hysterical girls are impressionable, and liable to laugh or cry at nothing. They are endowed with unusual intelligence and with a lively imagination. At school, they often distinguish themselves, especially in music and in art. They possess a natural gift of imitation. They sometimes manifest a tendency to hypochondria, and display an anxiety about their health not common in the young. They are wakeful at night, and suffer from nightmare, nocturnal alarms, and veritable hallucinations.

The most striking characteristic of hysteria is mobility. The only thing constant in this class of women is inconstancy. From day to day, from hour to hour, they pass from a state of animation to one of gloom. They pursue with their malice those whom once they encircled with their tenderness. To this habitual versatility of impressions, it is curious to oppose the pertinacity, the inveterate obstinacy, with which they return to some fixed idea (which is the creature of their imagination), and hold to it by the teeth, so to speak. Is this a proof of strength of will? On the contrary, it is simply the power of inertia; it is more properly instability or perversion of the will. Such women are capable of great exertion, but not of continuous, persevering effort.

A hysterical woman feels the need of interesting others in her, of attracting to herself the notice of the public. She is generally an egotist, preoccupied with herself. She is a plotter; she makes all the scandal that she can. She delights to set in motion a train of lawyers and adherents, who often unwittingly lend their assistance to the deplorable manœuvres of a diseased imagination.

At length, the necessity for making an impression becomes so overpowering that she shrinks from no falsehood, however shameless, from no calumny, however abominable. She does not hesitate to bear false witness, to write anonymous letters, to perjure herself. Her friends, and, most of all, her husband, if she has one, suffer from her strange mental disorder. She cannot help lying, intriguing, compromising those who come near her. She professes to have been the subject of criminal assaults, and does not hesitate to accuse the most estimable and innocent men. Arrived at this stage of her malady, she is dangerous, particularly if no medical man is at hand to throw light upon her conduct, and to unravel the web of deceit which sometimes entangles the very judges upon the bench, if they are not familiar with the type of depraved intelligence and moral character which these women present. They simulate diseases and wounds; they have been known to go so far as to mutilate themselves.

The charge which they bring with the most intense satisfaction against those whom they desire to injure, whether from jealousy, hatred, or female vanity, is that of an attempt to corrupt them morally. Naturally, the classes of men most liable to become the objects of such charges are doctors and priests. We have had to record some lamentable miscarriages of justice, in consequence of the inability of those thus accused to extricate themselves from the tissue of compromising circumstances which these women have had the ingenuity to weave around them.

Some of them, irritated, jealous, beside themselves, take refuge in flight, quit the house in haste, under the influence of emotional exaltation, and go to weep at church, or at the house of some friend, where they arrive a little upset, talkative and trembling. They complain of injuries received at the hand of a husband, or mother-in-law, a physician, a minister of religion, or some neighbor. They blurt out secrets, impart outrageous and lying confidences, invent tales, scold out of measure, and rarely fail to call attention to their own virtues and imagined merits.

"They have so much heart; nobody understands them; they are utterly wretched." Soothing and encouragement produce no apparent effect. But little by little they become calm, they return home, and at dinner, or in the evening, they are cheerful, graceful, and amiable. The storm is over.

I must add that, occasionally, the intellectual disorder which manifests itself in a nervous woman, particularly any tendency to falsehood on her part, has been seized upon and wickedly plead, by persons under accusation, in order to exculpate themselves from censure and dissipate charges which have been in fact well founded.

On the other hand, there is a form of hysteria that is inoffensive, in which the mental disturbance takes such a turn that, instead of being sent to prison, the woman is canonized as a saint.

Some hysterical women take the veil. Others, though they remain in the world, ardently engage in every good work, search out the needy, labor for the orphans, visit the sick, give alms, watch with the dead, beg money for charitable uses, and do many acts of real service, all the time in total oblivion of the calls of duty at home. They have a benevolence full of ostentation and display; they want to be noticed, to be complimented on their charity and zeal, to build up a reputation for virtue and piety. They go and come; they are everywhere. They have inspiration of the most charming delicacy. In time of private calamity or public disaster, they think of everything, and affect to blush when the tribute of admiration is paid them by the recipients of their kindness or by the moved spectators. The charitable hysterical woman is capable of deeds which are imitated and quoted, and even may become legendary. Devotion is for them a necessity. They play the role of virtue pathologically. Yet the world applauds, and the effect of their example is good. I have myself gained for a hysterical girl, once a patient in an institution for the insane, a public recompense ; her goodness in her own neighborhood is really touching.

Nothing better illustrates the exaltation of hysteria than do the letters written under its influence. In these we meet with the most exaggerated phrases, whether they depict their love or their hate.

Among the victims of this disease, homicidal impulses are rare. They content themselves with threatening to kill those whom they seek to intimidate, in order to extort concessions from their fears.

A tendency to suicide is common enough. It springs up in an instant, and is purely impulsive. Ordinarily it amounts to nothing. They rarely consummate their purpose. The attempt is simulated, theatrical, designed to attract attention, and excite sympathy,

A hysterical woman's audacity knows no bound. Incapable of moderating her passionate vivacity, she will risk everything in order to insure the success of her combinations. Nothing can stop her.

Association with her is rendered intolerable, for the most part, by the spirit of opposition, of controversy, which animates her.

When we attempt to estimate her moral responsibility, we find it impossible always to apply general rules to particular cases. Not every hysterical woman is insane ; but, in the majority, the harmony of the moral sentiment is interrupted, the action of the affections perverted, and the order of sensation disarranged. Insanity, though not always present, is foreshadowed. In a word, there exists a predisposition to insanity. Those women who ought to bear the entire responsibility which naturally attaches to their conduct, may be called hysterical women of the first degree. And even the confirmed victim of hysteria has her moments of responsibility. But, generally speaking, hysteria is a mitigation or extenuation of culpability. The freedom of the the will, though not assassinated, is wounded and impaired. The will is undecided, capricious and fantastical.

The usual termination of the complaint is either a recovery or a fixed state. It rarely happens that the neurosis does not pass off, or at least abate, with the lapse of time, especially after the change of life. But one must observe a hysterical woman for years, after her supposed recovery, before pronouncing her cured. In exceptional cases only, the disease ends in death.

NOTE BY THE EDITOR :—

The death of this celebrated and talented French alienist and socialist gives a peculiar value to his utterances for the moment. The July number of the *International Record* contained the foregoing translation of selected passages from the work of Dr. Legrand du Saulle, entitled "*Les Hysteriques*," made by the gifted editor, Dr. Fred. A. Wines, which we have felt sure would be read with pleasure by our readers. C B.

PARANOIA.

By L. A. Tourtellot, M.D., of Utica, N. Y.

Member Medico-Legal Society, New York, Late Assistant Physician of Utica Asylum,
Member Oneida County Medical Society, etc., etc.

It has been declared that the principal use of words is to conceal thought. Every one acknowledges the wit of this saying, and its truth in the sphere of diplomacy and politics. But it is not quite true in metaphysics, or in that borderland of the physical and metaphysical sciences which is known as mental medicine. Here it is more correct to say that words are of use mainly to conceal the poverty and impotence of thought. And this fact could hardly receive a more apt illustration than in the form of insanity to which has lately been given the name of paranoia. You all know the objections which have been urged against the term monomania, in the classification of mental disorders, from its first introduction by Esquirol to the present day. Some have held that, in the nature of a mind as a unit, or as the function of a single organ, insanity cannot be confined to one of numerous and interdependent faculties. More important than this, a priori objection, is the fact that cases of undisputed insanity in which the mental disorder is confined to a single faculty or class of faculties, are very rare, if, indeed, they exist at all. In cases of intellectual mania, supposed at first sight to illustrate this type, many and various delusions usually appear on close examination. And it is well known that most of the cases of so-called moral insanity are not cases of insanity but of immorality. Such are the cases of dipsomania, which are nothing more than chronic drunkards, and those of kleptomania, which are inveterate pilferers and thieves. In fact, none of the moral monomanias so-called are recognized in the medical or medico-legal science of to-day. And yet we are constantly called to cases of mania in which the strongest delusions appear in one faculty or group of faculties, while the others are but slightly affected. What name shall we give them if we decide not to use the term monomania? They divide themselves, naturally, into two groups, in one of which the present mental disorder is primary, in the other secondary to some acute form of insanity. In the latter group it is very easy to trace delusive ideas throughout the entire mental field, and we also find more or less feebleness of the judgment and will. These cases we may very well classify under the head of chronic mania or of general insanity. But there remains the numerous and highly-important class which we should once have termed primary monomania. It is for these that the name paranoia has been adopted, for no better reason, so far as I can discover, than that it does not attempt to describe the cases included under it. The word is from the Greek, and signifies madness or mental disorder, in its most general sense. Of course this is a departure from the scientific principle of classification, but it may, nevertheless, prove a convenient term. The public mind has, of late, been engrosssd with the sad history of a case of insanity which is ranked under this head. I need hardly say it is that of King Ludwig, of Bavaria, and his tragical death by suicide, attended, also, by the death of Prof. von Gudden, one of the most celebrated physicians of Europe. King Ludwig's insanity was primary in the sense that it was not the final stage of acute mental disorder. It was also idiopathic, or due to causes inherent in the constitution of the doomed monarch. The efficient cause was, no doubt, something inherited from both parents, but chiefly from the maternal ancestry. The fact that Ludwig was born to the throne probably hastened the development of his insanity, and helped to give its peculiar traits. The "divinity that doth hedge about a king" must have encouraged, if it did not create, that love of solitude which became so marked a symptom of his disease. The theory that a king can do no wrong, and that his rightful authority is supreme, would also lead naturally to the assumption of absolute power, and to cruel and extravagant actions. But the germ of insanity was congenital, and its development and growth in such cases appear to be a matter of time, rather than of place and circumstances. Sad as this conclusion is, it is one to which we are led by inexorable facts, and we shall gain nothing by refusing to recognize the truth. As Matthew Arnold is so fond of quoting from Bishop Butler: "Things are what they are, and their consequences will be what they will be. Why, then, should we wish to be deceived?" It is impossible to deceive the subjects of hereditary insanity upon this point, even if we would do so in kindness to them, and all attempts at deception are most harmful in their efforts upon the morbidly suspicious and distrustful. We are not, indeed compelled to teach or believe that all must necessarily become insane who have insane ancestors. But that the insane constitution of the parent is most surely handed down to the children, although some of these children, and even an entire generation, may escape, ought never to be forgotten or concealed in our public teaching.

I need scarcely say further of the class of cases under notice that their nomenclature is, after all, of comparatively little importance. We may classify them under the head of moral insanity or reasoning insanity, of primary monomania or paranoia, but the main question is whether the case is one of insanity at all, and of insanity in its legal rather than in the medical sense. That is to say, we are not asked whether the mental symptoms are morbid in their nature, and call for medical observation and treatment. The inquiry is, has disease gone so far as to destroy the freedom of will and the power of self-control? This the law refuses to consider a medical question, and it insists upon bringing our opinions to the bar of non-medical judgment and common sense. Of the medical treatment of these cases there is little to be said. We cannot go back through several generations of antecedents to apply our remedies, even if we know an effective remedy for the disease. And however much we may claim for the effect of medicines in acute mania or melancholia, the fact is that in chronic insanity their use is unscientific and abusive. That is not to say, however, that the subjects of paranoia, or inherited insanity in any of its forms, are hopeless of recovery. The more we observe these cases the more we are impressed with the fact that idiopathic insanity, like neuralgia, epilepsy and other functional diseases of the nervous system, is paroxysmal or periodic in its type. It follows that in paranoia especially, the most careful and frequent observation is necessary in order that the patient's recovery may be promptly recognized and his relief from confinement directed. To this end, the law provides that the whole time of medical superintendents of asylums shall be devoted to their important duties, and that they shall visit every patient daily and direct their treatment. Nothing could be more painful, as we can all imagine, than the feelings of a patient conscious of having passed from insanity to sanity, yet for a long time deprived of the precious privileges of liberty and home by the neglect of his physican. On the other hand, the timidity of friends and the carelessness of officials are often greatly to blame for permitting cases of the kind we are considering to remain without restraint until some catastrophe like the killing of Garfield or the suicide of King Ludwig brings a shock to the nation or the world.

THE DUNBAR CASE.*

By F. K. Paddock, M. D.
Of Pittsfield, Mass., *Medical Examiner.*

Reprinted from the Boston *Medical and Surgical Journal.*

At 10.45 P. M., July 4th, 1885, I received notice that George S. Dunbar was found lying in Water street, Pittsfield, dead, with a wound in the back of his head. I immediately repaired to the place, and viewed the body at 11 P. M.

That part of Water street where the body was found is fifty feet in width, bounded on the south side by the Housatonic River, and on the north by a picket fence, back of which is a vacant lot. The street has no sidewalks. The travelled roadway is fifteen feet in width. On the north side of the roadway there is a space ten feet in width, extending to the fence, covered with grass. South of the roadway, the grass extends down the river bank twenty-five feet to the water. The street is unlighted at night, and the only building on that part of street is the gas house.

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* Read before the Massachusetts Medico-Legal Society.

The body lay parallel with the street, upon the grass, between the roadway and the fence, with the head toward the east. When first discovered the body was lying face downward ; but it had been rolled over by the person who discovered it, and I found it lying upon the back, face upward. The night was very dark, and the view was made by the aid of lanterns. The body was warm ; the face, back of the head, adjacent hair, and the back of the neck, were discolored with fresh blood. The lids of the left eye were discolored and greatly swollen, presenting the characteristic appearance of a bad black eye, such as ordinarily results from a stunning blow upon the tissues covering the orbit.

At the back of the head, in the occipital region, just to the right of the median line, was a wound of sufficient size to admit of the little finger being passed through the skull into the brain, from which warm blood slowly oozed.

Lying beside the body, evidently on the spot occupied by the head before the body was turned over, was his hat, the brim of which was covered with blood, and there was a blood stained spot of grass under and beside the hat, where the blood had evidently trickled from the wound in the back of the head.

The body was dressed in a black cassimere suit. The coat was a loose sack, buttoned at the upper button. The examination of the pockets revealed the absence of his pocket-books and money. The pockets of the coat contained only a white cambric handkerchief and three pistol cartridges, No. 32 calibre. His vest pockets contained a watch key and a cheap Waterbury watch, which was running. In his trousers pockets were a bunch of keys, and two or three blank gas-bills.

Upon the ground, close to the right ankle, as the body lay upon the back, was found a 32-calibre revolver, with five chambers; three of the chambers were empty, one contained a loaded cartridge, and the remaining one, an empty shell. To the handle of the revolver was tied one end of a piece of strong brown twine. This twine measured just ninety feet in length, and lay on the grass along the side of the roadway, the free end being about fifty feet from the body.

It was fastened to the handle of the revolver in such a way as to form a loop, which could be made to hold the hammer in a position half-way between half and full cock. When so placed, the weapon could be discharged by pulling on the string; this would free the hammer and allow it to fall. Experiments made with the revolver afterward showed that the cap of the cartridge would not explode every time the hammer dropped, but would average once in five or six times.

The chief witness at the view was a young man, who discovered the body as he was walking along the street, shortly after ten o'clock, on his way home. He first supposed the body to be that of a drunken man, and he called to two companions he had left upon the river bridge only a moment or two previously, to come to see who it was. One of them lighted a match and identified

Dunbar. They then went to the gas-house, procured a lantern, and, accompanied by two employees at the gas-works, returned to the body, which they rolled over on to the back, and discovered that life was extinct.

A wagon was procured, and I had his body conveyed to his home on Howard street. Before leaving the house for the night, I had a search made for Dunbar's wallets, in which he was known to usually carry considerable money, thinking that he might have left them at home when he went out that evening, but they could not be found.

The autopsy was made at 10.15 A. M., July 5th, twelve hours after death, in the presence of Drs. J. F. A. Adams, Henry Colt, Jr., William L. Paddock, H. W. Dewey, and S. H. Burton. The body was well-nourished and muscular, but without much adipose. Rigor mortis was well marked. The signs of injury were confined to the head. The face was badly disfigured by the ecchymosed and swollen condition of the lids of the left eye. There was no other appearance of injury to the face. The blood was carefully sponged from the hair and scalp about the wound in the back of the head. The hair was not singed, nor could there be found any powder mark on the scalp. The wound through the scalp was round in shape, and a little larger than the opening through the skull. The edges of the scalp wound, as well as the bone forming the circumference of the opening through the skull, were blackened by lead which had been rubbed off from the bullet in passing through.

The calvaria was removed. The dura mater was found unusually adherent to the skull. In the posterior portion of the falx cerebri was a deposit of bone, shaped like a button, three-fourths of an inch in diameter, and one-eighth of an inch thick. The wound in the skull was irregularly round and situated in the occipital bone, one-third of an inch to the right of the median line, very near the occipital protuberance, just below the semicircular ridge. The appearance of the wound indicated that the line of flight of the bullet was at right angles with that portion of the bone wounded. Several small spiculæ of bone were found in the lacerated cerebellum. The wound passed below the right lateral sinus, and extended upward and forward, through the posterior lobe of the right hemisphere of the cerebrum, whereat the upper surface of the middle lobe, the wound changed its direction and passed downwards, forwards, and slightly inwards, and terminated in the anterior lobe of the cerebrum, close to the longitudinal fissure, where the bullet was found, in a position half-way between the anterior and posterior borders of the right anterior lobe, just above the right lateral ventricle. The brain substance was very much lacerated along the course of the wound. The left hemisphere of the brain was uninjured, and apparently in a perfectly normal condition.

The interior surface of the skull was searched with great care to discover any fracture that might have resulted from the concussion of the bullet, or from other sources, but none could be found.

The bone was removed from the roof of the left orbital cavity, as well as the cribriform plate of the ethmoid, in order to discover if there was any connection between the bullet wound and the contusion or injury to the left eye. The orbital cavity was found full of clotted blood, which had infiltrated the cellular tissue behind and around the ball, pressing it forward as far as the optic nerve permitted. The cellular tissue of both lids was also fully infiltrated. There was clotted blood in the left nares, but the bone was found uninjured, and there was no fracture extending from the wound in the occipital bone made by the bullet.

The bullet was very much flattened and its circumference was irregular and jagged, and presented the appearance of having struck the bone squarely on the end; the base of the bullet was not bruised and exhibited the creasing marks of the barrel of the revolver, and exactly fitted the empty shell found in the chamber of the weapon. The three cartridges found in the coat pocket exactly resembled those in the revolver.

The developments attending the view and the autopsy rendered the case problematical. Was it suicide, or was it murder? Did this man shoot himself or was he shot by another? In order to intelligently consider these questions and properly weigh the evidence favoring the two theories, it is necessary that we should know something of the history of the deceased.

George S. Dunbar was born in 1836, in Pittsfield, where he lived until his death. His father kept a grocery store and a fish market. He was educated at the Grammar School. At the age of sixteen he was apprenticed to a mechanic and learned the machinist's trade. After attaining his majority and finishing his apprenticeship, he was employed in a woolen factory as machinist. He was married at twenty-eight years of age, and his wife kept the factory boarding-house, while he worked at his trade in the mill. At the age of thirty-three he was appointed superintendent of the works of the Pittsfield Gas Company, a position he had ably filled for sixteen years at the time of his death. Soon after receiving the appointment of superintendent, he bought a house on Howard street, near the gas works, where he has since lived. Physically he was strong, vigorous, and very active. Although rather spare in form, he was muscular, and possessed great endurance. He never had any severe illness, with one exception, and that was a temporary attack. On several occasions he had been overcome by the inhalation of illuminating gas, while at work in an excavation endeavoring to find a leak in the gas pipe. About four years ago he was carried home in a paralyzed condition from this cause, and for twelve hours afterward he was delirious and had several severe convulsions, during which opisthotonos was well marked. He recovered in forty-eight hours, and was at work again.

His duties as superintendent were arduous. Leaks in the gas pipes, in various parts of the town, as well as the locating and laying of new pipes, he attended to.

The monthly and quarterly record of the numerous meters, he took himself, besides making out and collecting a great many of the bills.

He was in the habit of carrying with him in a large wallet a considerable amount of money, varying from fifty to two hundred dollars, which he took no pains to conceal, and exposed freely whenever he happened to be about town when making change, as he collected the gas bills. He was called upon by everybody in town using gas, to correct any fault found with the illuminating vapor. The prompt fulfillment of all these duties demanded constant activity early and late, and Mr. Dunbar was always equal to the emergency. He was strictly temperate and scrupulously honest in all transactions. However trying or vexatious were the demands and whims of unreasonable gas-takers, he always appeared cheerful and unruffled, and faithfully endeavored to relieve the cause of dissatisfaction. He had a pleasant home and a happy family, consisting of a wife and four children. His salary, as superintendent, was more than sufficient to support them comfortably, and he was able to save a small amount of his annual income. Some eight years ago, he and his brother bought some stock in Wall street, not as a speculation at first, but as an investment. In the course of a few years, however, they became somewhat familiar with the stock-market, and were more or less infatuated with the excitement and possibilities of dealing in stocks, and they began to speculate, at first carefully and successfully, so much so that when the brother died of cerebrospinal meningitis, in 1881, they were reported to have made between twenty and forty thousand dollars. It is a singular, if not a significant fact, that George's death occurred on the fourth anniversary of his brother's death. It is not known that George met with any serious losses, subsequently, until the spring of 1884, when, by an unfortunate and unexpected change in the price of stock which he had bought on a margin, he lost all that he had made; and it is supposed that he also lost a small amount that he had borrowed. For the fifteen months following this reverse there is no evidence that he dealt in stocks at all, and in April, 1885, he settled with his broker in New York and withdrew the balance of his account. He did not allow his interest in stocks to interfere with his duties as superintendent of the gas company. The business was carried on by telegrams through brokers in New York. He developed a considerable degree of ingenuity in the line of his business as superintendent. He made several practical inventions, one of which is very successfully used for lighting and another for extinguishing the street lights at night. Within the last five years he has paid considerable attention to life-insurance as an investment. As soon as it was discovered by insurance agents that he was interested in the subject, he was beset by representatives of various companies. At first he stated that he wanted insurance to the amount of $25,000. He got $21,000 in regular life insurance companies, but finally several declined to insure on account of his having had convulsions after inhaling the illuminating gas. This seemed to annoy him, and induce him to seek insurance in companies and mutual benefit associations that were not so particular about their risks, and he ultimately secured $66,000 of insurance, divided among various companies, associations and fraternal societies.

Several times he noticed that he was followed by one or more evil-looking men, as he made his rounds of observation of the burning of the gas at night, as he walked through the back streets, and he mentioned the fact to the officers of the gas company. They cautioned him about exposing his money so freely when he had occasion to make change on the street, and advised him to carry a pistol. He replied that he was not afraid, that he never carried a pistol, and he disliked to do so. At the inquest there was no evidence to show that he ever carried one, except the testimony of a hardware merchant, who stated that he had sold him a revolver last April, similar in pattern to the one found by his body; but, on subsequent examination by the judge, he and his clerk made such conflicting statements that the court was led to believe that the merchant did not sell him the revolver found by the body, although he may have sold him a different one. His family knew that he owned two revolvers, and they were both found in his house in their usual places after his death.

I speak quite confidently of Mr. Dunbar's character and habits, because I had known him rather intimately for fifteen years. Our offices were on the same floor of the same building and adjoining, so that, in addition to my knowledge of him as his family physician, I saw him nearly every day as he was about his business. At the time of his death he had an annual income of between three and four thousand dollars, which was more than enough to comfortably support himself and family. His assets, as near as could be ascertained at the inquest, were $18,170, while his indebtedness was $22,200, making a difference of about $4,000, which he owed for borrowed money. This amount, with his good health and regular income could hardly have caused him especial anxiety, or have been the cause of despondency.

The day preceeding the evening of his death was spent apparently as usual, and he went to his home about six o'clock, P. M., and reclined upon the sofa during the evening, the time being occupied in reading and in conversing with his family. Between half-past nine and ten o'clock he left the house, saying that he was going to investigate a reported leak in the gas pipe under the Elm street bridge, near where his body was found shortly after ten o'clock. In fact, he was seen by several people walking in a direction which he would naturally take in the night to go to this bridge; but whether he had been there and was returning by the gas-house when he met his death, or was on his way to the bridge when it occurred, is unknown.

The inquest was held by Judge Tucker, beginning a few days after the death of Dunbar, and continued for several weeks. Every person was examined, who, it was supposed, could throw any light upon the cause of death, whether theoretical or practical.

Among the medical examiners called to testify, was Dr. D. B. N. Fish, of Amherst, whose investigations regarding powder-marks upon the skin, in the event of bullet wounds from pistols held near the body, rendered his experience and experiments of value, in determining the question of possibility of a person shooting himself as Dunbar was shot, with the revolver found by the body, without exhibiting powder marks on the hair and scalp about the wound. The inquest was conducted with care and perseverance, but nothing in the testimony positively indicated the precise method of the shooting. Several detectives were employed, who very soon came to the conclusion that it was a case of suicide. One of them discovered a mark or crease across the sole of the right shoe which Dunbar had on when found, that might have been made by the twine that was attached to the handle of the revolver, indicating that the twine had been drawn tightly across the sole of the shoe with the left hand, while the right held the weapon in position for firing. Dr. Fish testified that, without using the twine, the revolver could possibly be fixed, and fired twenty-six inches from the head so as to make a wound like the wound in Dunbar's head, without producing any powder burn or mark upon hair or scalp.

Three days after Dunbar's death his wallet and pocket book were found just across the unoccupied field, on an ash-heap, back of a store-house, about thirty-six rods from where the body was found. They contained no money; one of them was open and the other closed, with its strap tucked into the loop.

The testimony of the medical witnesses differed in regard to the cause of the extensive ecchymosis of the lids of the left eye and the effusion of blood about the ball. All but two thought it could only be accounted for by a severe blow upon the eye. Two, however, considered it possible to have resulted from the blow or shock of the bullet upon the back of the head, although there was no fracture of the base of the skull or any injury whatever to the bones entering into the formation of the orbital cavity.

The judge's report of the inquest was very elaborate and complete, consisting of over twenty-six pages of legal cap. In conclusion, he says: "It seems clear that the death was either a murder, with an attempt to make it appear to be a suicide; or a suicide, with an attempt to make it appear to be a murder. A careful consideration of all the facts compels me to the conclusion that Mr. Dunbar committed suicide. This theory explains all the facts but one; this exception is the injury to the left eye. The evidence leaves it doubtful whether the injury was inflicted by a blow or was the result of the shock of the bullet-wound. If the latter theory is true, then it is not inconsistent with suicide; if the former, then suicide seems impossible.

"I find and certify that George S. Dunbar, of Pittsfield, Massachusetts, shortly after ten o'clock, on the evening of July 4th, 1885, on Water street, in said Pittsfield, came to his death by a bullet fired from a pistol.

which bullet entered the back of his head, and that said pistol was discharged by his own hand.

(Signed), JOSEPH TUCKER,
Justice of the Central District Court.

The absence, at the inquest, of more positive evidence of murder, renders, of course, the finding of suicide justifiable. Yet there are circumstances connected with the case that seem to point quite positively to the conclusion that he did not shoot himself:

(1) The black eye is incompatible with the theory of suicide.

(2) The situation and direction of the wound indicate that the revolver must have been held in a position almost, if not quite, impossible for the hand of the person, without causing powder marks or burns upon the hair or scalp.

(3) The fact that the pocket-books were found empty in a locality where they would naturally have been examined and left by a thief who had committed a murder and escaped through the field adjoining, a place where sufficient light could be obtained to examine the booty without being seen. If Dunbar himself left them where they were found, he would, to escape observation, have travelled a long circuitous route from the place where he was last seen.

Besides these, there are other circumstances that might be mentioned, which militate against the probability of suicide. If he committed suicide, he evidently meant to have it appear to be a murder. Upon no other theory can the long string, the fact that he was shot in the back of the head, the placing of the pocket-books, and the locality selected for the deed, be accounted for. If such was his intention, then an alert, intelligent and ingenious man, in the full possession of his faculties, laboring under no especial excitement, carefully prepared and carried out his scheme in the most bungling and foolish manner. Why should he have attached a useless string, ninety feet long, to the revolver, and left three cartridges in his pocket? On the other hand, if he was murdered, these evidences of suicide are just what would have occurred to his assassin, to throw off the suspicion of murder. Which of the two theories is the true one, time may fully reveal.

If he committed suicide, it is improbable that any further evidence of the fact will ever be added to what is now known. If he was murdered, there is yet hope of the discovery of the assassin.

NOTE BY THE EDITOR.

We have received the following letter from Dr. Paddock:

"PITTSFIELD, MASS., August 11, 1886.

MR. EDITOR:

Dear Sir:—Notwithstanding the decision of the Judge of "Suicide in the Dunbar Case," all of his life insurance policies have been paid. This fact may be of interest to the reader of the report.

Yours truly,

FRANK K. PADDOCK."

EDITORIAL.

How Shall Disqualified Federal Judges be Retired ?—The writ de lunatic inquirendo sued out by Col. Fry, of the Georgia Bar, to inquire into the sanity of Judge McCay, of the Northern District Court of Georgia, raises an important question, and calls public attention, in a painful way, to the necessity of legislation, to remedy an acknowledged defect in our present system.

Should there not be a Retiring Board for the superannuated judiciary as well as for the army? is a question raised by the editor of the *American Law Review*, and it is worthy the serious attention of Congress, and should be brought to the attention of that body by the President of the United States.

In an article in June number he says :

> It is known that there are six Federal District Judges above the age of seventy, all of them enfeebled by the weight of years, and by long-continued labors on the bench, some of them lapsed into the condition of mere judicial cranks, who are holding on to their offices with the expectation of a "raise" in their salary before they retire on full pay, under the present law It is a great evil. The bar and suitors in those courts feel that it is a great evil. It is one which may be very easily corrected by the aid of a Judicial Retiring Board, which should retire superannuated judges upon full pay for the good of the public service and the administration of justice, without reference to their age or period of service. Mr. Justice Hunt, partly paralyzed and past power of speech, was, a few

years ago, retired by a special act of Congress. In any Government whose civil service is properly organized, such a Board should exist for the purpose of dealing with incapacity of all officers who hold their offices by the life tenure.

Whatever force or truth there may be in the criticism, as to the incapacity of present Judges, none can doubt the wisdom of providing, by suitable legislation for such contingencies when they arise.

If age is not thought to be a wise criterion, for the termination of judicial function by federal legislators, as has been adopted with general approval in New York, some provision of law should be elaborated, which would obviate the necessity, at least, of the extreme measures of relief invoked by Col. Fry.

There can, however, be no good objection to such a writ or such a proceeding, when a Judge becomes insane or mentally incompetent to act as a Judge.

The recent deposition of the Bavarian King, and the complications of the regency, where the heir apparent, or next in line entitled to the throne is demented, shows how important are such questions in determining the rulers of a people in monarchical governments. The question is none the less important for a free people under a republican government, respecting the judiciary, especially when they are not elected, and are appointed for life.

ACQUITTAL OF LUNATICS CALLED "CRIMINAL LUNATICS."—The discussion, in the French Senate, of the amendment of their lunacy laws, which has occupied public attention in France for a few years past, is of great public interest. Dr. Ach Foville, in the May number of *Annales Medico Psychologique* calls attention to what changes should be made in the law of 1838, now in force, regarding insane persons who have been acquitted by juries, because of their insanity, who have committed crimes, notably homicides.

Dr. Baume submitted a modification of the law, which project appeared in the same journal, January number. (1886.)

In the discussion Messieurs Bayard and de Goldbey have called public attention to the danger of setting at liberty an insane person who had committed a homicide.

M. Foville cites the case of Louis Bach, tried at Perpigan, January 29, 1886, who had fired four pistol shots at a relative in August, 1883. He had been under observation for more than one year, and three experts designated to examine him. Dr. Bocamy, Physician of the Prison, and Drs. Cavalier and Jaume, Professors of the Faculty of Medicine of Montpelier, near the asylum for the insane where he was placed for observation. While these experts did not agree exactly on the case, they all regarded him as not in a normal state, and left his responsibility questionable.

Bach, on being interrogated by the court as to whether he would fire again at the relative (who had not died from the wound) if discharged, said, "No, as his mind was changed." He was asked, "Would you again shoot under the same circumstances?" and he replied "Yes." The Government demanded his conviction, and the defense claimed that he was irresponsible and dominated by his delusions.

The jury acquitted, and the man was immediately set at liberty.

The question before the French Senate, in the act submitted by the Minister, was silent in cases of acquittal by the court. It authorizes placing an accused in asylum before trial or on conviction.

The Senate amendment proposes to give same power after trial, and acquittal when the accused is clearly insane.

In New York and in many of the American States the accused, if acquitted on the ground of insanity, is committed by the court to an asylum, as in the recent case of Miss Dudley, who shot O'Donovan Rossa, and many similar cases. The asylum for the insane called criminals, at Auburn, New York, has many cases of this character.

The English system is much better, as, if on examination before trial, the Government finds the accused insane, he is at once committed to the asylum for criminal insane, and now trials rarely follow such committal.

This is frequent also in some American States, but the inquisition as to sanity or insanity should be separate from the trial and before it. It should be a careful inquiry by selected competent experts ; while the Statutes of New York fully provide for this, the Government has rarely used it.

The danger, under both the English and American system, lies in the ultimate discharge as cured of such cases, who frequently have subsequent attacks and commit crimes. How to provide against this, and to prevent society from such unfortunate results, is one of the most difficult problems of legislation.

ENTOMOLOGY AND MEDICAL JURISPRUDENCE.—M. Megnin has discovered and proved that the date of the death can be ascertained by studying the generations of acarina, which have been at work upon it. Each species may be determined with precision, by a careful study of the debris, of the envelopes of the larvæ and carapace among the dust that covers the tissues of the body.

M. Brouardel, (1) the eminent French Toxicologist, at a recent session of the French Academy of Medicine, brought attention to this subject, producing the cadaver of a girl of twenty-two, discovered in a cellar under a heap of straw, which was mummified, having lain there nearly one year. The condition of the body was due to the dryness of the soil, but the more interesting facts were five different species of acarina traced by this scientist, the order of succession and duration of each species—and the work performed by each—the gentles (larvæ of flies.) dermestes sarcophagus, laticrus and lucina cadaverina. He says, one species consumes the fatty acids, another absorbs the fluids, and when one has finished its labor it dies on the body, or is devoured by its successor. The period of life for each successive species being in Summer time from six weeks to two months. He quotes a case where M. Megnin had established with precision, the date of burial, of human remains discovered in the garden, in a case of murder. Among the indications were:

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(1) Le Progres Medical.

1. A particular kind of ant, never found in soil recently disturbed.
2. The debris of Acarina, known as Œsophagus Echinococcus, which furnished its chronological data.
3. Portions of a bulb of lily, in which two years must have elapsed in order that the bulb should undergo the alteration it presented.

The result of this judicial trial confirmed the truth of M. Megnin's statement, and M. Brouardel's claim that science can demonstrate the date of death or burial by this careful study of the cadaver is beyond question.

At the session of the French Academy of Medicine, June 22, 1886, M. Labontbene confirmed the statements made by M. Brouardel at the previous session, and made additional statements on the subject. He described the peculiarities and habits of the acarina and showed their medico-legal value in determining the date of their labor and how to trace it.(2) We shall hope to see our entomologists take up this study.

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(2) Le Progres Medical.

In obscure cases of homicide where doubt exists as to the period of death, this accurate and purely scientific test may be of enormous value in determining with precision dates which will throw a flood of light upon the crime, and in many cases perhaps lead to the detection of the perpetrator.

MUMMIFYING.—We understand that Prof. Peruzzi, of Bologna, Italy, is investigating the process announced by a man named Succi, of Forli, Italy, who claims to have discovered a liquor extracted from various herbs which, when taken by persons, enables them not only to resist the influence of certain poisons, but to abstain almost entirely from food for long intervals. The *London Lancet* in commenting upon this claim says: "It cannot, we think, be doubted that ways of reducing the interchange of elements in the organism to an extremely low grade, and of collaterally minimising the absorptive powers of the body, do exist and have been known to certain classes, and perhaps small communities of men from very early times." We shall await the result of Prof. Peruzzi's inquiry with interest, and whatever may be its result, we shall expect to see results similar to that claimed by Succi, as the reward of the discoverer, who turns his thoughtful attention to this field of scientific research.

INSANITY AND SIN.—The *London Lancet*, (July 10, '86) in reviewing the article of the *Saturday Review* says:

> The *Saturday Review*, in an article on this topic, restates and professes to find approximate satisfaction in the familiar legal questions about insanity: "Did he know that what he was doing was wrong? If he did, could he help doing it?" We are unfortunately compelled by the facts of the case to join issue, and contend that a man may know he is doing wrong, and do it without obligation or impulse of any sort, and yet be insane. There is

unquestionably such a thing as "moral insanity"—that is, insanity of the conscience of morality; and this particular form of mental disease—for such it is—cannot unhappily be very readily or certainly distinguished from that depravity of the moral sense which characterises alike low developments, and what Herbert Spencer has designated, and Hughlings-Jackson has demonstrated in pathology, as "dissolution." There will be no substantial progress in the study of mental disease until this branch of science is rescued from the toils of the lawyers. The judges by their formulation of imperfect views of facts in medicine—and therefore beyond the province of non-medical observers, however able and acute—have done grievous violence to truth and principle, and they have placed a great stumbling-block in the way of the doctors. For the present we must stand on the defensive, and may in all truthfulness be described as lost in amazement at the wondrous and inexplicable folly of those who, while attempting to recognize a disease and to discriminate between it and health, should set themselves against the study of the only methods by which diagnosis, in a medical sense, can be safely or successfully performed.

London International Congress on Inebriety.—We learn from Dr. Norman Kerr, President of the English Society, that the proposed Congress will be postponed, by reason of the dissolution of Parliment till October 1886, or later. C. H. Bishop is the Hon. Secretary of No. 42 Grove Road, Regents Park, N. W. London.

Papers are expected from Count de Marstorf, President of the Austrian Society, Prof. Binz, of Bonn, Dr. Magnan, of Paris, Dr. Moeller, of Brussells, Dr. Joseph Parrish, and Dr. T. D. Crothers, of the United States. Dr. Simon Fitch, of Nova Scotia, Rev. Dr. de Colleville, and others. Full particulars will be announced in due season.

In view of the large number of criminal cases in which lawyers plead "alcoholic dementia," in behalf of clients charged with offences, the French Government has instructed all the Prefects of France to report on the effects of drunkenness in inciting crime. The French War Minister, has also instituted an inquiry as to the action of alcoholic drinks in reducing the stature of the French youth, or debilitating them so as to render them unfit for military duty.

We should be glad to see a similar inquiry here under legislative commission, especially in regard to the use of lager beer, which is assuming such immense proportions in all parts of this country. When it is remembered, that there is at present no legislative restriction, or State supervision, over the manufacture of lager beer, that its adulteration can not be punished, that there is no standard fixed by law, as to what it shall contain; it must be apparent that many of the evils clearly and directly traceable, to adulterated lager beer, should be considered by the Legislature and if possible remedied. It is the duty of the Government to protect the people by appropriate legislation against the manufacture of beverages, prejudicial and deleterious to the public health. In Germany the standard and manufacture of beer are under direct Governmental supervision. Infractions of these laws are punishable by severe penalties, and the legal standard, insisted upon by public authority. These or similar laws should be enacted, as the physical degeneration of those addicted to the immoderate use of lager beer has already attracted public attention, especially among our German population, who are unconscious, or seem to be so, of the gross adulterations practiced by certain unscrupulous brewers, in the manufacture of a drink, in universal use among citizens of that nationality.

HYDROPHOBIA.—The New York *Evening Post* has furnished the Bill which passed the Legislature of New York in 1806, some eighty years ago, awarding compensation to John M. Crous, for discovering and publishing a perfect and infallible remedy and cure for hydrophobia.

We give a copy of the act:

An act for granting compensation to John M. Crous for discovering and publishing a cure for the hydrophobia or canine madness.

Whereas, John M. Crous, hath presented a memorial to this Legislature setting forth that he is in possession of a perfect and infallible remedy and that he is willing to make discovery thereof for the benefit of the public provided the Legislature will allow him a compensation for the same; and,

Whereas, the said John M. Crous has produced a variety of documents tending to confirm the reality of his skill in that disorder; therefore,

Be it enacted by the people of the State of New York, represented in Senate and Assembly,

That, it shall be the duty of the Treasurer, upon the warrant of the Comptroller, to pay to the said John M. Crous, out of the moneys in the Treasury not otherwise appropriated, the sum of $1,000, provided, nevertheless, that before the Comptroller shall draw his warrant as aforesaid, it shall be the duty of the said John M. Crous to present to the said Comptroller a full and true account and prescription in writing of the remedy and cure aforesaid. which prescription or account in writing shall be signed by the said John M. Crous, and duly attested before some person lawfully authorized to administer oaths; and provided also, that the said John M. Crous, together with such surety as the comptroller shall approve of, shall, previous to the drawing of the said warrant by the Comptroller, enter into a recognizance to the people of this State, before one of the Justices of the Supreme Court, in the sum of $2,000 with condition to refund said sum of $1,000 with interest in case the said discovery, by him to be made in writing as aforesaid, shall within four years after the passing of this act prove deceptive and ineffectual.

And, be it further enacted, That it shall be the duty of the Comptroller to cause the said prescription to be published in the several newspapers printed by printers within this State for three weeks successively.

What is more astounding is the cure itself, which is reprinted from the *Albany Gazette*, of March 31, 1806:

CURE FOR THE BITE OF A MAD DOG.

(1.) Take one ounce of the jaw-bone of a dog, burned and pulverized or pounded to fine dust.

(2.) Take the false tongue of a newly foaled colt; let that be also dried and pulverized; and

(3.) Take one scruple of the verdigrease which is raised on the surface of old copper by laying in moist earth; the coppers of George I. or II. are the purest and best. Mix these ingredients together, and if the patient be an adult, or full grown, take one common teaspoonful a day, and so in proportion for a child, according to its age. In one hour after take the filings of one-half of a copper of the above kind if to be had, if not, then a small increased quantity of any baser metal of the kind, this to be taken in a small quantity of water. The next morning fasting or before eating, repeat the same as before. This, if complied with after the biting of the dog, and before symptoms of madness, will effectually prevent any appearance of the disorder, but if after the symptoms shall appear, a physician must immediately be applied to, to administer the following, viz.: three drachms of the verdigrease of the kind before mentioned, mixed with half an ounce of calomel. to be taken at one dose. This quantity the physician need not fear to administer, as the reaction of the venom then diffused through the whole system of the patient neutralizes considerably the powerful quantity of the medicine, and, secondly, if in four hours thereafter the patient is not completely relieved, administer four grains of pure opium, or 120 drops of liquid laudanum.

N.B.—The patient must be careful to avoid the use of milk for several days after taking any of the aforegoing medicines.

JOHN M. CROUS.

Among the archives in the office of the Comptroller is found the following voucher:

STATE OF NEW YORK,
COMPTROLLER'S OFFICE, } No. 133.

To the Treasurer of the State of New York:

Pursuant to the directions of "An act for granting a compensation to John M. Crous for discovering and publishing a cure for the hydrophobia or canine madness," passed the 28th day of February, 1806, pay to John M. Crous, out of any unappropriated moneys in the Treasury, the sum of $1.000, it being the compensation allowed him for making a discovery in writing of the remedy and cure for the hydrophobia or canine madness, which he has this day done in conformity to the said act, and this shall be your warrant.

ELISHA PERKINS, Comptroller.

Dated at Albany, 25th April, 1806.

On the back of the warrant the following receipt is written:

Received from Abraham G. Lansing, Treasurer of the State of New York, one thousand dollars, in full of the within warrant.

Albany, 25th March, 1806. JOHN M. CROUS.

This is the oldest Legislative action we have heard of, and the cure shows the success of a quack in wheedling the Legislature.

Tradition says that Crous waxed rich, as he had all the hydrophobia cases sent him of that era. He was regarded as the American Pasteur of that period, and, unlike Pasteur, he was a quack and charlatan.

There is no record of the payment of the final $1,000, but tradition says that the State gave him the title to the well-known Round Top property consisting of one of the spurs of the Catskill Mountains, to settle the balance of the Bill.

CRIME AND INSANITY.—Dr. Fred A. Wines, editor of the *International Record*, in a recent address made to the young men of the Elmira Reformatory, spoke of the analogies which exist between the insane and the criminal character, and made the following points, which we reproduce from the August number of his Journal:

1. The basis of insanity is physical, its manifestations mental and moral. The same is true, in large measure, of criminal propensities.

2. Insanity is probably for the most part hereditary, and the so-called "causes" of insanity recorded in statistical tables are often nothing more than the occasions of the outbreak of a disease to which the victim was predisposed from birth.

3. The approach both of insanity and of criminal character is gradual, and commonly unsuspected by him who is overtaken by either.

4, The change from innocence to depravity corresponds with the alteration in personal character observable in the insane.

5. The lunatic and the criminal both form theories, to account for the perversion of which they are conscious, which are very far removed from the truth.

6. The manifestations of insanity take the form of undue exaltation or depression, and, in either event, of a pronounced egotism, often accompanied by hallucinations or delusions. In this particular the resemblance between insanity and crime is most striking.

7. As insanity tends to make progress and to end in dementia, so does the habitual criminal sink into moral imbecility.

8. Insanity and crime are both the occasion of intense pain.

9. Both incapacitate their subjects for normal social life, and both are treated by incarceration, if of a dangerous or troublesome type.

10. The cure of either is difficult; much depends upon beginning in

time; and for success in the effort to restore the power of self-restraint and self-direction, the co-operation of the patient is essential.

The force of these analogies is heightened by the existence of a certain connection between crime and insanity, shown in the commission of criminal actions under the influence of an insane impulse, and the frequent occurrence of both crime and insanity in a particular family.

Nevertheless, these two are not to be confounded with each other, nor the distinction between them lost sight of. A degree of moral responsibility attaches to criminal acts, which might have been avoided by the exercise of the power of the will, which cannot be charged against a lunatic. But all crime is folly, and the man who commits it deserves to be characterized as a fool.

Children and Crime.—To bring up a child in daily contact with the vicious and depraved is a reasonably certain method of producing a criminal, and at an early age. To rescue from such contact, and training the homeless and orphan children of the poor is one of the most economical duties of the State, if we sink the higher and nobler duty, which benevolence and philanthrophy impose upon mankind, when forming regulations under written constitutions, for the government, welfare and protection of communities.

The cost of maintaining prisons, reformatories, courts for trial of offenders, is vastly enhanced by any neglect of this duty in a government, not to count the cost of offences in their immediate results.

Miss Catharine A. Fay opened, in Washington County, Ohio, at her own expense, a home for the poor children of that county, as long ago as 1858. It took ten years of patient labor in Ohio before the State recognized its duty, by the Ohio law of 1868, under which homes for children have been put in operation in Washington, Franklin and other counties of Ohio, and which bid fair to exist soon in nearly all the counties of that splendid State.

It was also a woman, Miss Richmond, who founded the New York Infant Asylum, which was not incorporated until March 11, 1865, by the Legislature, one of the problems of whose work has been the care, nurture and suitable training of children.

All the great charities of the City of New York in this field, such as the Nursery and Child's Hospital, with which the names of Mrs. DuBois, Mrs. A. S. Sullivan and others have been so long associated; the Foundling Asylum, under good Sister Irene, the Catholic Protectory, the Juvenile Asylum, the Children's Aid Society, and many others, which we have not space to name even, are supplementing the work the State has neglected, in seeking to rescue children of the poor from the fate which such associations give. This work has been taken up in all the States and in all the cities by benevolent and philanthropic people, and the question of the hour in considering the effect of training upon the future of children is, how shall homes be found for these in tender years, where they may be saved from crime brought into usefulness, and lead honorable lives?

The Children's Aid Society, which has been a magnificent laborer in this field, and has done more than any of the others, has been laboring for over thirty years, and has furnished homes in the country, and chiefly in the West, to more than 80,000 children. What an army! And who is to calculate, or indicate the good to these children, thus reared in homes, and mostly as adopted sons and daughters, instead of leaving them to the alms houses, the houses of refuge and the penitentiary?

The Society has decided upon sending its children to homes in the great West, for which it assigns the following reasons:

1. Children are taken into Western families on an equality, and educated as their own, which gives them a superior position, and, as they grow up, better chances for the future.

2. Sending them so far from the city lessens the danger of their return, and of having to do the work over again.

3. The West offers better opportunities for placing large numbers in one locality, so that they may be watched over at a less cost, than if scattered here and there in different Eastern States.

4. Children who are not willing to go singly, even to very near places, will go gladly in companies to the West.

The record of the adoptions of some of these charitable institutions would disclose some of the most remarkable, as well as interesting results.

The children of the New York Infant Asylum, and of many others, are adopted into families where they are reared as the children of their foster parents, which they in reality become. receiving all the rights and care of natural born children, and the writer, with a large experience, has yet to learn of a case where a child thus adopted and properly trained, has turned out badly. They usually are a blessing to those who receive them, as thousands can testify in every State in this Union.

We quote from the Superintendent's report of the Franklin County Home for Children of Ohio, for 1885 and 1886, his admirable words as to country homes for Children:

> The system, if it may so be called, of district and county homes for children, has proved the most important factor yet introduced for diminishing the number of criminals, by making good citizens of the offspring of offenders. Home adoption of homeless children whose strong tendency is to drift into the permanently criminal classes, is said to be one of the most practical aids yet devised to prevent recruiting the great army of tramps and criminals, who prey upon property and disturb the peace of the people. "Home adoption," says one who is well advised, "is born of heavenly beneficence and blesses alike the giver and the receiver." As long as he remains with us, we also look carefully to his education. But our prime object is to place him in a home as soon as one suitable can be found. Attending to this is a very large and responsible part of our work.

NECROLOGY.—The mortality among both active and corresponding members of the Medico-Legal Society, during the past six months has been unusually, severe. Among our active members we have lost Dr. H. P. Farnham, one of the oldest members of the Society, who has ever taken a deep interest in its labors, but who from failing health, has been unable to even attend its meeting for the past two years. Col. Geo. B. Corkhill, late United States District Attorney, of Washington, D. C., who conducted the trial and secured a verdict against Guiteau for the assassination of President Garfield, and John D. Coughlin, a rising member of the New York bar, who was recently giving personal attention to Society work, and was a useful member, acting on several important committees at and near the time of his decease, including, besides those named above, of the corresponding list, such lustrous names as Prof. Axel Jaderholm, of Sweden ; Prof. Dr. Julius Glaser, of Austria ; General Staats Anwalt Schwarze, of Dresden, Saxony ; Dr. Legrand du Saulle, of Paris ; Dr. B. C. Ingels, of Belgium, Prof. Frank H. Hamilton, ex-president of the Medico-Legal Society, and one of the most prominent of American surgeons in the specialty of fractures and dislocations, in which he has long been regarded as an authority, and who has been for some years an honorary member of that body ; and of our active members, Isaiah Williams, of our bar, and Dr. A. M. Shaw, Superintendent of the Connecticut State Asylum, at Middletown. At no like period in the history of the Medico-Legal Society of New York could the historian of the body record the loss of so many and such distinguished members.

British Medical Association.—At the annual meeting Dr. T. S. Clouston delivered an address in the section on Psychology on "The Relationship of Bodily and Mental Pain." Dr. Rickard Patrick B. Taaffe on "Public Medicine."

Dr. John S. Billings delivered the address on Medicine in place of Dr. Austin Flint, whose death prevented his fulfilling that important duty.

Casey and Wife *vs.* Imlach.—A most remarkable case, in its medico-legal aspects, was tried in August last, at Liverpool, before Mr. Justice Case and a jury. It was an action for damages against a physician for removal of both ovaries of the wife, by the defendant, a surgeon, as it was claimed improperly and unnecessarily, and without her knowledge of its effect upon her sexual powers, or giving her notice as to the nature and effect of the operation. The London *Lancet* gives a very full report of the trial. Eminent medical men were called. The jury found for the defendant, but the verdict has little significance upon the singular question presented concerning which we may comment hereafter. One very interesting fact came out in the evidence of Dr. Grimsdale, that in the Liverpool Hospital for women one hundred and eleven were spayed during the past year, and forty-four the previous year.

Medical Jurisprudence in Spain.—The Spanish Ministry of Justice has arranged for the establishment in Madrid, Barcelona and Seville of laboratories of forensic medicine, as is reported by the London *Lancet*.

Analyses may be ordered by magistrates or tribunals, and will be conducted in these institutions, and the experts employed in the interest of accused persons have the right to be present at such analyses.

This is a decidedly good arrangement. It would work well in our State as well as in Spain. We cannot well estimate the value, not only to science but to the administration of justice, if we had for example such a morgue, with its able corps of scientific men, as that now existing at Paris, in the City of New York.

Dr. P. M. Wise and Mechanical Restraint.—Dr. P. M. Wise, Superintendent of the State Asylum for Insane at Willard, in a recent paper read by him before the Convention of Superintendents of the Poor, at Jamestown, New York, entitled "The Relation of Counties to State Provision for the Insane," stated that:

"The condition of the insane in State asylums has been gradually improving, and is likely to improve as long as their government continues free from political embarrassment. Ten years ago, bodily restraint in certain forms of insanity was considered quite essential, and from four to five per cent. of the insane were subjected to some kind of mechanical restraint. To-day, of 1,850 insane persons in the Willard Asylum not one is subjected to restraint and in this particular, Willard Asylum is not exceptional."

Not only is this gratifying statement to be fully accepted on the basis of Dr. W.'s well known integrity, but we happen to know that all the forms of mechanical restraint which were formerly embraced in the blank "day reports" of this admirably managed asylum have been omitted from the blanks printed for the current year. Any attendant there who does not humanely treat patients is promptly discharged. It is an unquestionable fact that Willard is peculiarly fortunate in its present Superintendent, and those who assert this with the greatest emphasis are former patients who have been restored to reason, to home, friends, and their share in the busy world's work. The contrast between the new and civilized mode of treating the insane and the semi-barbarous old method is as great as that between daylight and darkness. "The world moves on."—*Dundee Observer.*

We are glad to quote Dr. Wise in favor of non-restraint. He is in one of the most responsible positions of the State or of the world, so far as the number of insane he has in charge is concerned. The testimony of the *Observer* is of high value. One of the editors was an inmate and knows whereof he speaks. It is in accord with the testimony of several inmates restored to reason, who have stated to us the highest praise of the uniform kindness, courtesy and humane conduct which has characterized his treatment of the insane at Willard's asylum. Non-restraint marches with slow but steady steps towards the day of *universal acceptance.*

CLASSIFICATION OF MENTAL DISEASES.—The committees designated by scientific bodies to co-operate with the International Committee, named by the Belgian Society at the Antwerp Congress, with such eminent alienists and publicists as have been invited to co-operate in this labor, are called to meet at Saratoga, N. Y., on September 8th, 1886, to confer on the best basis of international statistics of the insane.

Dr. Pliny Earle will preside. The proceedings of this Conference will be given in our next issue. The committees named and those invited to co-operate embrace some of the most prominent names in this country and Canada.

As it occurs during the session of the Social Science Association, at the same place, which calls together a large number of scientific men, this Conference will, it is believed, be one of great interest.

MEDICO-LEGAL PAPERS.—Subscribers to this journal, or members of the Medico-Legal Society, who desire to secure Series 3, Medico-Legal papers, now ready, will send their orders to this journal, or the publisher, Mr. Leon P. Kuhl, No. 718 Broadway. Price, in paper, $2.50; in muslin, $3.50. Pp. 550, with nine portraits.

DR. JULES MOREL.—We congratulate the Society of Mental Medicine of Belgium on its good fortune in selecting Dr. Jules Morel, its honored ex-President, as the successor of the lamented Dr. B. C. Ingels, as its general Secretary and Treasurer.

RECENT LEGAL DECISIONS.

Hanging and Life Insurance.—Death from hanging, when the insured is insane, is a death effected through external, accidental,and violent means, within the meaning of a policy of accident insurance. The policy in this case, provided that the insurance should not extend to death or disability, "which may have been caused wholly or in part by bodily infirmities and diseases." *Held*, that within the intent of the contract, and the meaning of the law, the death was caused, not by bodily infirmity and disease, but by the act of self destruction.—Crandal *v.* Accident Ins. Co. of N. A., U. S. Cir. Ct. N. D. Ill., Fed. Rep., May 4th, 1886.—*American Law Review.*

Suicide and Life Insurance.—A stipulation providing that the policy shall be void if the insured die by his own hand whether sane or insane is a protection to the insurer in case of voluntary and intentional self-destruction, but does not apply to an unintentional death by his own hand, or the result of accident. A death unintentionally resulting from an overdose of whiskey is not within the provision. A voluntary act whose probable result on account of an enfeebled condition would be death, is not a violation of the provision, unless intended to have that effect.—N. W. Mut. Life Ins. Co. *v.* Hazelett, Sup. Ct. Ind., Ins. L. J., May, 1886.—*American Law Review.*

Physicians' Privileged Communications.—When a physician is sent to a prisoner after a crime has been committed, and she accepts his services professionally, disclosures made by her to him are privileged communications, and this rule applies to all actions, civil or criminal. The opinion of such physician as to whether an abortion has been committed, founded partly on such statements, is also inadmissible. Although the prisoner was a party to the crime (abortion), and relatively to it was an accomplice of the accused, and, so to speak, a co-conspirator with him, yet her declarations, narrative of a past occurence, and constituting no part of the *res gestæ*, were not admissible.—People *v.* Murphy, Ct. App. N. Y., Crim. L. Mag., April, 1886.—*American Law Review.*

Physicians, Expert Evidence of—The opinion of a physician as to the character and permanency of a personal injury is competent. In examining an expert, counsel may assume the facts to be as he thinks they are, and ask for an opinion on those facts. It is competent for a plaintiff, injured by the negligence of another person, to prove that he obeyed the directions of his physican. One who is injured by the negligence of another is bound to use care to procure surgical aid, and also to prevent the aggravation of the injury, but the degree of care required is only ordinary care. Where a passenger receives an injury in a collision caused by the negligence of the servants of a railroad company, and disease is excited or developed by such injury, the injury may be considered as the proximate cause of the disease.

It is proper to instruct the jury that if the result of the injury was to diminish the plaintiff's capacity to earn money, that fact should be taken into consideration in estimating damages. A verdict will be set aside on the ground that the damages are excessive, only in cases where the damages are such as to induce the court to believe that the jury must have acted from partiality, prejudice, or corruption. The declarations of an injured person, indicative of present pain are inadmissible.—Louisville, etc., R. Co. *v.* Falvey, Sup. Ct. Ind., Cent. L. J., April 2, 1886.—*American Law Review.*

LEGITIMACY, PROOF OF—Where the legitimacy of a child born in wedlock is in issue, previous statements by the mother that the child is a bastard are admissible as evidence of her conduct, although she could not be allowed to make such statements in the witness box.—The Aylesford Peerage House of Lords (Comm.) Alb. L. J., April 24, 1886.—*American Law Review.*

INSANITY OF JURORS.—That a juror was insane is not ground for a new trial, when his want of capacity was known to the accused or his counsel when he was accepted.—Mackin *v.* People, Sup. Ct. Ill., Crim. L. Mag., April, 1886.—*American Law Review.*

PARENTAGE OF ALBINOS.—Dr. Wm. A. Thom, Jr., of Norfolk, Va., contributes to the *Virginia Medical Monthly* an interesting case, in which he was called upon to testify in a singular case. We give his letter entire :

MR. EDITOR.—At a recent term of the Corporation Court of this city, a case involving legal medicine occurred of sufficient interest to justify a short account of it.

William H. Brothers and Sarah E. Brothers, both negroes, were married some years ago, and are the parents of two children, a boy and a girl. On November 4th, 1883, after many quarrels, they parted, and in April, 1884, Sarah E. Brothers obtained a decree of absolute divorce against her husband, Wm. H. Brothers, and the chancellor gave to her, the plaintiff, the custody of the children, and imposed upon her the care of their property, consisting of some city real estate.

On August 6th, 1884, nine months and two days after last opportunity of access, Sarah Brothers was delivered of a white child. Becoming aware of this fact, Wm. H. Brothers entered a petition before the court to have his two children removed from the custody of their mother and their property remanded to other care, alleging that the fact that her child was white was sufficient proof that he, a negro, was not the father of the child, and therefore proof of the adultery of the mother. She resisted the petition, declaring that the child was the offspring of the petitioner and an albino.

After the case had been in court many months, the chancellor declined to decide the parentage of the child, and a jury was called to determine "Whether W. H. Brothers is the father of the child of Sarah E. Brothers, born on August 6th, 1884."

On the trial the child was produced in court; opportunity of access was proven as late as the 4th of the November preceding, the motherhood was proved, and I was called upon to testify as to the race.

I found a child of skin as white as pearl—glistening, smooth, and very thin—hair woolly but perfectly white, eyes light gray with pinkish pupils, oscillating continually, nose flat and thoroughly African, head heavily developed behind, low forehead, rather rounded, lips thin. I had, therefore, no hesitation in declaring the child to be an albino. Then came the question, is it a negro or mulatto albino? I concluded that the "kinky" wool and flat nose were sufficiently marked to demand the opinion that it was not a mulatto; but what was I to do with those thin lips? At last I concluded that the thinness of lip was probably due to the atavism or the reversion to strain, and that possibly there was a trace of white blood somewhere in one or other of the parents. The mother was pointed out to me, and I thought that I could see that she was not a full-blooded negro. The two undoubted children of the contestants were now presented in court, and I was pleased to find both of them the possessors of thin lips. Wm. H. Brothers was shown to me, and I found he had the same sort of lips, and undoubtedly had white blood in his veins. I had seen the child before, but never any other member of the family. I pointed out each feature to the jury and discussed it before them, and called their attention to the lips as the only feature which prevented me from asserting that the child was a full-blooded negro, and then pointed to the lips of the other members of the family.

After argument, the jury retired and soon returned with the verdict, "We, the jury, find that W. H. Brothers is the father of the child of Sarah E. Brothers, born on August 6th, 1884."

WM. A. THOM, JR., M D.

NORFOLK, VA., May 31st, 1866.

TOXICOLOGICAL.

Poisoning by Iodoform.—Dr. Elbridge G. Cutter, contributes an elaborate paper of seventy-seven cases of poisoning which he reported, 30 of which were collected by Koenig.

He reports two new cases of his own practice. The paper appears in the Boston *Medical and Surgical Journal* of July 29th, 1886.

Medical Chemistry.—Dr. Wm. B. Hills contributes to the Boston *Medical and Surgical Journal*, (July 29, 1886), a very elaborate report on the recent contributions to the literature of medical chemistry upon the following subjects: Carbonic Acid, Atropine, Coloring agents, Acetophenone, Arsenic, (Marsh method), Copper Boric Acid, Borax, Bismuth, Tin, Volatile fatty Acids in Urine, Hippuric Acid and Peptomina.

The author makes notes on the cases, and refers in the notes to the authority where the case is reported.

Anæsthetics in Labor.—Dr. John Elliott analyzes in the *London Medical Record*, the address delivered by Dr. Ernest Cohn before the Berlin Gynæcological Society giving the results of his experience in the use of various anæsthetics, in labor.

1. *Nitrous Oxide Oxygen*, he finds a favorable remedy, and he agrees with Doderlein as to its beneficial effects, the heart and lungs remaining normal; but for private practice he does not recommend it, because

1. The possibility of the gas causing excitement.
2. The difficulty and expense of obtaining the gas.
3. The awkwardness of carrying the gas to the house and the bulky mouth-piece.

2. *Bromal.* The report is favorable.

3. *Chloroform.* After slight inhalations the woman in labor feels without exception no more of the pains.

The after effects of chloroform in labor are absolutely *nil*. The great drawback to its use is the naracotic effect on the child. On the whole, Dr. Cohn prefers chloroform to bromal. He allows a few drops to be inhaled when the pains first begin and before the abdominal muscles begin to act and increase the pain. Forty grammes will suffice in the case of a prima para to render the whole period of the expulsion painless.

BLOOD AND FORENSIC MEDICINE.—Dr. Ferd. Adalb. Junker, contributes to the July number of the *London Medical Record*, a resume of Dr. Lemuseau's contribution to *Le Moniteur du Practicien*, upon the progress, during the last half century, of the examination of blood in Forensic Medicine. We regard it of sufficient value, to give our readers the major part of Dr. Junker's able analysis of Lemuseau's paper.

"The celebrated Orfila, the founder of forensic medicine, treated it, in 1823, for the first time in his lectures before the Medical Faculty of Paris. The method which he proposed consisted in the chemical reactions on blood, previously diluted with water. Orfila's most remarkable reactions are these. A blood-stain, warmed to 25° to 30° C. (77° to 86° F.), will rise in scales, and, when on a steel-plate, will leave the metal untarnished and of brilliant brightness. On heating desiccated blood in a glass-tube, an ammoniacal product will be obtained, restoring the blue color of reddened litmus paper. When treated with hydro-chloric acid, the stain will neither turn yellow nor disappear. and the iron will not become brilliant, as is the case with a stain produced by lemon-juice or rust. Immersed in distilled water, the stain will form reddish streaks in a downward direction; its coloring matter will collect at the bottom of the fluid, the latter remaining colorless. The stain will be found converted into whitish filaments of fibrine of the blood. The coloring matter, moreover, presents characteristic reactions. Chlorine will color it green without forming a precipitate. Chlorine in excess will first discolor the solution, and afterwards render it opaline with a deposit of whitish flakes. Ammonia will not alter its color, whilst it conspicuously changes the majority of vegetable reds, as alizarine and the purpurine of madder, the hæmatoxyline of log-wood, the coloring matter of raspberries, the carmine of cochineal, &c. Nitric acid produces a whitish-grey precipitate, leaving the fluid almost colorless. The yellow ferrocyanide of potassium does not affect it, whilst an aqueous infusion of galls will produce a yellowish precipitate.

Orfila, however, considers those changes as the most characteristic which result from graduated heat raised to ebullition. Thus a coagulation, or at least a turbidity of greenish-grey color, will be produced without the slightest trace of a red or rose-colored tint. On adding a solution of potash, the clots will dissolve or the turbidity disappear, and the fluid will appear reddish when examined with refracted light, and greenish in reflected light.

Persoz, in 1836, proposed hypochlorous acid, which destroys all kinds of stains except those of blood or rust. This test, however, is very unreliable, and therefore objectionable.

In 1844, Professor Taddei puplished a paper on blood, entitled *Emetalloscopie*, the principal merit of which is having initiated for the first time the investigations on the differential characteristics of the blood of different animals. His method is the following: the blood-stain is scraped, weighed with most sensitive scales, and treated with the smallest possible quantity of distilled water. Bicarbonate of sodium, equal in weight to the collected blood, and finally a solution of sulphate of copper, are added. This mixture is filtrated after ten to twelve hours, and the residue thus obtained, after desiccation, form what Taddei calls 'la poudre d'interposition' (powder of mediation).

In order to determine the nature of the blood under examination, 15 grains of dilluted sulphuric acid (composed of equal parts of the acid at 60° C. (140° F.) and water forming the standard fluid, 'liqueur acide') are added to 10 grains of this powder, and a more or less homogeneous paste will be obtained. This paste varies in viscidity and plasticity, according to the kind of blood experimented upon.

Taddei drew up tables showing the differential characteristics of the human blood and the blood of the ruminants, the equidæ, the rodents, the pachydermates, &c. Curious as the characteristics thus elucidated are, it appears that they have not yet been fully accepted in forensic medicine.

Casanti, a few years later, recommended the use of phosphoric acid. He maintains that the blood of a mammalía, when treated with this acid, possesses the peculiar property of aggultinating into a brilliant, homogeniously coherent, viscid mass, whilst the blood of the gallinaceous birds is devoid of this quality. On the other hand human blood will form a very characteristic, extremely brilliant mass of liver-color, of the consistency of an extract, but glutinous and very plastic. The value of this method has not yet been sufficiently tested.

After Casanti, Barruel professed to distinguish human blood from the blood of diverse animals by the characteristic smell peculiar to each kind of animal, evolving on treating the blood with sulphuric acid. But the want of scientific exactitude renders this method valueless, in the present advanced state of forensic medicine.

In the recent times we know of four methods of discovering the presence of blood.

The first is that by means of the hæmatine crystals, due to Teichman and improved by Struve and Morache.

The second method is spectroscopic examination, which shows the two characteristic absorption-bands of the oxyhæmoglobuline, of the reduced hæmatoglobuline, of the methæmoglobuline, of the hæmatine, of the hæmatine in acid solution, and of the reduced hæmatine.

The third method is that of Taylor, consisting in the employment of the tincture of guaiacum, which, combined with the essence of turpentine, or ozonised ether, yields a beautiful blue color, if the object of examination contain blood.

The fourth is microscopic examination, especially with Mallinin's solution, demonstrating the presence of hæmatines either in groups or isolated, but always with their natural colors preserved. These, according to Bizzizero, can distinctly be recognized even after three years; sometimes from their diameters, the blood of man may be distinguished from that of other mammalia, the blood-corpuscles of which are much smaller—*e. g.* those of the sheep and the goat, which, however, requires further more precise investigation and proof. Therefore Ch. Firkit, with much reason, opposed an instruction published in 1878 by Société de Medecine Légale de France, which, after stating the dimensions of hæmatines of man and of various domestic animals, prescribes literally, 'the expert has to measure globules, whereby he will be enabled to ascertain whether the blood be of man or not.

Moreover, Vibert in a recent publication summarises the following conclusions. '1. It remains impossible to assert with positiveness, that a blood-stain is formed of human blood. It is in certain cases only admissible to say that it may be caused by human blood. 2. Sometimes it can be affirmed that the stain is of the blood of some other kind of mammalia, but not of man. But in order to justify this opinion, it will be necessary that the blood-corpuscles of the alleged animal be much smaller than those of man, and that the investigation be carried on under the most favorable circumstances.

To conclude, the presence of globulines in the human blood, the possibility of microcythaemia, discovered in 1871 by Van Lair and Masius, will throw new light into this very difficult question, as long as science has not succeeded in demonstrating under what circumstances microcytes occur in the blood.

JOURNALS AND BOOKS.

London Medical Record.—Edited by Ernest Hart, the accomplished editor of the *British Medical Journal*, and published by Smith, Elders & Co., deserves more than mere mention. It has a corps of talented writers, who notice and review current literature on all topics over their own signatures. Among its contributors on medical jurisprudence and toxicology we notice Drs. W. W. Ireland, Wm. R. Huggand, Alfred S. Gubb, G. D'Arcy Adams, Richard Neale and John Elliott, while among those who write on diseases of the nervous system we have found well known names in that domain.

This Journal is well worth subscription price to American practitioners, as it certainly keeps pace with the progress of medical science, not only in Great Britain but throughout the world.

Progress.—We have received No. 1, Vol. I., of *Progress*, a new monthly, edited by Dudley S. Reynolds, M.D., published at Louisville, Ky. It contains an unusual amount of original matter, to which the professors of the Hospital Medical College have freely contributed, as well as distinguished Kentucky practitioners.

Dr. John A. Tanner, Prof. of Toxicology and Medical Chemistry, contributes an interesting paper on Pathology and Hygiene. If the first number is a fair sample of its successors, it will certainly take high rank among medical Journals of the Southwest.

BULLETIN SOCIETE DE MEDECINE MENTALE DE BELGUIQUE.—No. 41–2 fasicule for 1886, has been issued. It is a valuable number and contains the paper of its President, Dr. Lentz, entitled "Some Words Regarding the Insane called Criminals," which is a valuable contribution to the literature of this now highly interesting question.

The second article is the annual report at length, made by Dr. Peeters, Medical Superintendent of the colony at Gheel to the Government of Belgium, for the year 1885. The total population of insane on

31st December, 1885, was, ...	1,581
Against same date, 1884, ...	1,727
A loss of	146

Of these eighty were sent to the new colony at Lierneux, recently established, and the residue were sent to Asylum of St. Anne, at Coutrai, or lost in an epidemic of dysentery. The tables of this report are very elaborate and complete, and give an admirable statement of the condition of the colony in minute detail. The report, as a whole, is an admirable paper, and we regret that we have not space to give a translation of it entire to our readers.

Dr. Erlenmeyer's "Treatment of Epilepsy" is published in this number of the *Bulletin*. Dr, Verriest's paper on "Myxœderne." Also a paper on "Alcohol in the Treatment of Acute and Chronic Cases of Delirium Tremens," by Dr. Lewis D. Mason, of Fort Hamilton, N. Y. The short paper of Dr. Lentz on "The Care of the Insane at Night," with the discussion thereon at the reunion of the German alienists at Baden, in which Drs.

Gudden, Furstner, Grashey, Seimens, Biswanger, Freusberg, Laehr and Kleudgen–Obernigk took part. Also a very able medico-legal report by Drs. Vleminckx and Lebrun upon a case of attempted homicide by an epileptic, and who had been assigned by the court to examine the case, as to the responsibility of the accused. They found he was an epileptic; that it was during an attack that he made the attempt on the life of his proprietor, and that he was not responsible.

It was very much such a case as that of Dr. Beach, but fortunately with a more enlightened result.

This number of the *Bulletin* also contains an annex to the report of the International Commission on Statistics of Insane, being a communication from Prof. Dr. Mierzejewski, the member for Russia, from the Society of Psychiatrie, of St. Petersburg.

It concludes by an account of the final obsequies of Dr. B. C. Ingels, with the remarks of Dr. Oudart, Inspector-General of the Asylums for the Insane, who spoke in the name of and the behalf of the Government.

Dr. Van Bambeke spoke in behalf of the Royal Belgian Medical Academy. Dr. R. Boddaert, Professor of the University, followed with an oration. The President of the Belgian Society of Mental Medicine followed with an eulogy in the name of that body, and Dr. Van Uesemael spoke the concluding address. At the grave Dt. Claus, of the Hospice-Giuslain, pronounced an eloquent and touching address. The foreign journals are full of notices of the death of Dr. Ingals, and of Legrand du Saulle, whose loss will be equally felt, not alone in their respective countries, but throughout all the civilized world

TRANSACTIONS OF SOCIETIES.

MEDICO-LEGAL SOCIETY.

Presidency of Dr. Isaac Lewis Peet, L.L.D.

The regular monthly meeting of the Medico-Legal Society, was held on Wednesday Evening, June 9th, 1886, at Cooper Institute.

Dr. Isaac Lewis Peet in the Chair.

The minutes of the May meeting were read and approved. The following named gentlemen were duly elected as active members, all of New York:

Z. S. Sampson, Jacob Abarbanell, Albert Cohn, B. Metzger, and the following named gentlemen were duly elected as corresponding members:

John Dixon Mann, M.D., Manchester, England; Henry Buist, Charleston, South Carolina; and Matthew Hay, M.D., Aberdeen, Scotland.

Dr. Irvin objected to the reading, by Dr. E. C. Mann, of his paper entitled, "The Medical Jurisprudence of Insanity," on the ground that there was no quorum present.

The President overruled the objection and protest of Dr. Irwin.

It was moved and seconded that Dr. Mann be requested to read his paper. Dr. Irwin voting in the negative.

Dr. Irwin protested against the recent election of Treasurer, at which he was a candidate, on the ground that members voted who were in arrears for dues. The Chair held that all members were entitled to vote at an election, unless challenged. That no objection was made by Dr. Irwin at the time of the election. If it had been done, it would have been considered and investigated. Dr. Irwin was asked if his dues were paid at the time he voted at that election, and said they were not, but claimed that he had received no bill.

Dr. Irwin also protested against the election of Prof. Fordyce Barker, Chief Justice Noah Davis and Ex-Chief Justice Chas. P. Daly, as Honorary members as irregular. The Chair overruled his objections. Dr. Irwin asked to have his protest noted, which was granted by the Chair.

Dr. Irwin then withdrew from the meeting. The Chair then requested Dr. Mann to proceed with the reading of his paper, who declined to read it except by title after what had passed, but would, with the permission of the body, make some remarks upon the Pancoast case.

Dr. E. C. Mann, said:

"That he did not consider that he was in any way bound by confidence to refrain from talking about this case, as it was a matter of public notoriety, and to him one of the most interesting medico-legal topics, it had been his experience to encounter. That he had been requested by counsel for plaintiff to express an opinion in the case, and that he had, in reply to that request, stated, that, in his opinion they had no case. That he had examined Miss Pancoast and, from questions put by him to her, he had ascertained, that she was entirely ignorant of the obligation of a husband or of a wife, or of the nature of a marriage contract, that her intelligence was of a very low order, not greater than that of a child of 9 or 10 years, and from what her brother had stated before the Sheriff's jury as to his taking home childs' toys wherewith to amuse her, that he, Dr. Mann, had concluded, that the development of her moral character, and her education had been sadly neglected; that he thought, that if she had been placed in some Deaf and Dumb Asylum of the City of New York, her intellectual faculties could be developed, and that in the course of time she would be materially improved in ability to comprehend the ordinary matters of every day life. That he found no exterior evidence of organic affection of the brain, and that it was his opinion, that her condition was due more to the absence of education than to anything else. He did not feel warranted in considering her case one of insanity, but thought that it might be placed under the form of imbecility, but on account of the lack of opportunity on his part to study deaf mute cases he would ask Dr. Peet to express his opinion as to the condition of the unfortunate young lady.

The President, Dr. Peet, stated that he thought that Miss Pancoast's case was merely one of lack of mental development, and believed that under a course of tuition, she might materially improve mentally. He had no doubt but that her condition was the same as that of a child of very tender years. He believed, that she had been taken undue advantage of, and that there was sufficient fraud in connection with the matter to vitiate the marriage.

Dr. Mann then remarked, that it was his opinion that if there had not been a question of wrong in this case, there never would have been any Pancoast case; that if the man who had married her had been one of equal station or one in any way acceptable to the family of the young lady, they would not have suggested by any particular stress her peculiar mental or physical deficiencies. He, too, believed that there was strong evidence of fraud in connection with the matter, and thought that on that ground, in connection with the young lady's own assertion, that she did not desire to live with relator, that he was a bad man, and the marriage would be set aside.

Dr. Leo asked Dr. Mann whether the young lady had been subject to epilepsy.

Dr. Mann replied that she had not, and so far as he had been able to discover from examination of her, her physical condition was good.

Mr. Clark Bell asked Dr. Mann whether the marriage had been consummated? Dr. Mann replied, that it had. Mr. Bell remarked, that in his opinion, stripped of all monetary considerations it was a very grave question, taking into consideration the possibility of issue, whether the Court would necessarily interfere with the marriage, unless stronger evidence of fraud than that which he considered was evinced in this case, could be produced; that he thought it was similar to other cases which had become notorious through the newspapers, of unequal marriages, where the daughters of wealthy men married their coachmen, and that the Court might take that view of it. That certainly if it could be shown there was fraud in the matter he had no doubt but what the Court would deal very severely with the perpetrator of the same. Mr. Albert Bach remarked, that he had not the slightest doubt, but that this marriage would be set aside, that in his opinion the evidence as to fraud, when we consider the most imbecile condition of this young lady's mind, the unequal pecuniary conditions between the parties, the knowledge of these facts on the part of the relator through daily intercourse with the young lady in her father's house, the history of the young lady's life as testified to by her relatives, doctors and friends, was so strong as to remove all question as to the ability of the young lady to intelligently enter into any contract much less a marriage contract. That under the laws of this State a marriage was a civil contract that the solemnization of a religious ceremony was merely a religious sanction to a civil contract, and that the laws governing our courts in their determination on questions of contract were wholly applicable to this case. That he did not consider the marriage necessarily as absolutely null and void, that he considered it the same as the contract of a minor, which could be avoided or insisted upon at the option of the minor when it became of age. That whereas no countenance is given by our courts to the villainies of an adventurer, if those villaines are but apparent villainies working benefit to the would-be object of deception, the victim could insist upon the contract for the protection of her name and the legitimacy of her offspring.

Mr. Clark Bell then read a paper entitled, "Classification of Mental Diseases, Reports of the Progress of." (1.)

This paper was discussed.

Dr. S. N. Leo made the following remarks :—

Greissinger says :

1st. States of Mental Depression.

2d. States of Mental Exaltation.

3d. States of Mental Weakness.

He placed Paralysis and general Epilepsy apart as mere complications of Insanity. His groups therefore correspond broadly with the old division of Melancholia, Mania and Dementia.

The etiological Classification most widely known is that of Morel, who divides the forms into six :

1st. Hereditary Insanity, including Congenital Nervous Temperament, Moral and Impulsive Insanity.

Imbecility and Iodiocy.

2d. Toxic Insanity, including Conditions caused by insufficient or injurious food. Poisons or noxious air or water.

(1.) Published in June Number Medico-Legal Journal, 1886.

3d. Hysteria, Epileptic and Hypochondriachal Insanity.

4th. Idiopathic Insanity dependant upon disease of the Brain or its membranes.

5th. Sympathetic Insanity.

6th. Dementia or the condition terminative of Enfeeblement.

Symptomatilogical development of the grouping is necssary.

It has been found impossible to base any system or group on this, or the Etiological system, which have more than an artificial relationship to one another. And there is some truth in this criticism, but, though the ties which bind the phsycological group together may be in a sense artificial, it is found in practice that the associated conditions exhibit a considerable amount of intimate connection.

At the International Congress of Alienists, in 1867, the following classification was laid down :

Intended to combine the Etiological and Symptomatological Methods.

Simple Insanity, Comprehending Mania, Melancholia, Monomania, Circular Insanity, Moral Insanity, and the Dementia following these forms.

2d. Epiliptic Insanity.
3d. Paralytic Insanity.
4th. Senile Dementia.
5th. Organic Dementia.
6th. Iodiocy.
7th. Cretinism.

The first class, it will be observed, comprises all the varieties which may be regarded merely functional. The others are mostly associated with permanent structural lesions. No classification which has been proposed can be regarded as altogether satisfactory. This is partly owing to the fact that the true nature and limits of Insanity itsely have been very imperfectly recognized.

There is no pathological condition of the individual in which mind and body are not affected.

But, in some diseases, the mental diseases come into prominence, in others the physical.

Schroeder Van der Kolk studies are worthy of attention.

Dr. Skaye proposed a classification. that every mental disorder bears a relation to some bodily disease. acute or chronic, analogous to what the delirium of fever does to the fever in whose course it is manifested.

But his detailed list was found imperfect.

He favored the Medial opposed to the Metaphysical mode of studying Insanity.

In furtherance of this, Cloriston, Battey, Tuke and others have furnished us material.

If by such means we can group together conditions which are similar, not only in their mental but also in their physical characters, we obtain a unification which may possibly furnish material for the building up of a more perfect system, and which can never be altogether disregarded.

Dr. J. M. Carnochan said :

I am glad to have heard the Essay on the Simplification of the Classification of Insanity, as I believe in that will rest the simplification of the subject of Insanity itself.

I have ceased to believe in the correctness and simplicity of the classification adopted by the Metaphysical School, and look forward to a classification based on organization, as likely to satisfy the intelligence and simplify the study of a subject obscured by mystical lore.

There must be as many different phases of diseased mind as there are different phases of healthy mind, the *mens sana*; and when the relation of structure, healthy, and diseased, becomes known and understood to these healthy and diseased conditions, we shall then have a basis for a simple and generally intelligent classification of so-called mental diseases.

SOCIETE-MEDICO PSYCHOLGIQUE, PARIS.

PRESIDENCY OF DR. SEMELAIGNE.

March 29th, 1886.

After approval of minutes and correspondence, Dr. Moreau (de Tours) spoke regarding Dr. Riant's new work "Hygiene de l'Orateur." The Secretary read a letter from Dr. Luys, in answer to Dr. Aug. Voisin's paper concerning treatment of mental maladies by hypnotism.

Dr. Voisin presented the subjects concerning which he had spoken at the last session.

Dr. Boucereau finished the reading of his former paper on "The Physical, Moral, and Intellectual Signs of Hereditary Insanity," which was discussed by Drs. Le Grand du Saulle, Christian, Boucereau, Raffegeau and Ritti. Dr. Christian promised a paper on this subject.

May 19th, 1886.

The session was devoted to orations upon the life and character of Dr. Legrand du Saulle. The President announced the death of this distinguished member and of Dr. Bourdin, an Honorary Member, both former Presidents of the Society.

Dr. Delasiauve pronounced an oration, and Dr. Ritti delivered also the oration which he had given at the formal obsequies, in the name of the Society.

Dr. Marcel Briand read the report of the Committee on the Prize Esquirol, composed of Blanche, Foville and

Briand, awarding it with their reasons to Dr. Larroque, of Charenton. His sole Competitor was Dr. Dumas, both of the National Asylum at Charenton, to whom the committee voted the distinction of honorable mention.

The Prize Moreau (de Tours) was awarded by the same committee to Dr. Bernard, awarding to Dr. Rouillard honorable mention for his essay entitled "Essai Sur les Amnesies," who was elected titular member by acclamation, at the session, on motion of the Secretary General.

The Prize Belhomme was awarded to Dr. Paul Bricon, of Paris. The committee was Delasiauve, Legrand du Saulle, Motet, Ballett and Fere.

The prize Aubanel (n) was not awarded. The committee so recommending, but awarded 800 francs to Dr. Dericq, of the Asylum at St. Anne, as a part of the prize for his paper entitled "Fit Fabricando Faber," and 400 francs to Drs. Roland and Besancon, authors of the paper entitled, "Les classifications ne sont que des moyens d' etude," both of whom are internes of Paris hospitals.

ASSOCIATION OF FRENCH ALIENISTS.

PRESIDENCY OF DR. BAILLARGER.

Annual session May 10th, 1886, Paris.

The Secretary, M. Bouchereau, made the annual report announcing the death of Drs. Lunier, Billod and Legrand du Saulle, of their members, with a brief sketch of their lives and works. He reported that their Society numbered one hundred and forty-five members, three of whom were honorary, and eighty-seven of whom were original founders. The annual receipts had been francs 11,891 and the disbursements francs 10,394.

Of the subscriptions, 2,350 francs had been donated by twenty-seven various asylums of the insane in France.

The vacancies in the Bureau of Management, caused by the three deaths, were filled by election, and Drs. Christian, Giraud and Bigot were elected members of the Governing Council to fill the vacancies.

The Council for 1886 was then announced.

1. To end in 1887:

   Drs. Blanche, Bigot, Bouchereau, Fabret, Labitte.

2. To end in 1888:

   Drs. Giraud, Goujon, Mesnet, Rousselin, Semelaigne.

3. To end in 1889:

   Drs. Baillarger, Christian, Constant, Foville, Mittivie.

The officers for 1886 were chosen as follows:

President—Dr. Baillarger.
Treasurer—Dr. Mittivie.
Secretary—Dr. Bouchereau.

(Bouchereau Secretary in Annales Medico-Psychologique.)

SOCIETE DE MEDECINE MENTALE DE BELGUIQUE.

PRESIDENCY OF DR. LENTZ.

April 24th, at Brussels.

The minutes of meeting of January 20th approved, as corrected by Dr. Desguin, as to the use of cocaine, which he has successfully used as a local application.

Italian alienists asked a fraternal international subscription to a monument for the Italian alienist, Miraglara. The Seciety subscribed and donated fifty francs for the purpose. Various papers presented were referred to members for examination and report. Dr. Lentz submitted a statistical table for an inquiry he desired to make as to the frequency of paralitical insanity in Belgium. Dr. Motte, of Dinant, was elected a member, and Drs. Pick and Salemi–Pace, of Italy, were elected honorary members.

Dr. Ingals made a report of the labors of the International Commission on Statistics of Insanity, which he announced would be sent to each member of the commission.

Dr. Verriest presented a remarkable case of myxæderne.

The session adjourned to July at Brussells.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

Presidency of Dr. George H. Savage.

The annual meeting was held August 9th last, under the Presidency of Dr. George H. Savage.

Resolutions of sympathy were passed on the death of the late President, Dr. Ames.

Dr. F. Needham was elected President for the ensuing year.

The President read an address on "The Pathology of Insanity," which was discussed by Drs. Clouston, Connolly, Norman, Hack Tuke and Rayner.

It was decided to hold the next annual meeting at London.

BOOKS, JOURNALS AND PAMPHLETS RECEIVED.

SEVENTY-SECOND ANNUAL REPORT Massachusetts McLean Asylum (1885.)

TRANSFUSION IN TYPHOID FEVER.—By Wm. S. Whitewell, A.M., M.D., San Francisco. 1886.

SIXTY-FIFTH ANNUAL REPORT Mercantile Library.

OGLE COUNTY MEDICAL QUARTERLY.—Wm. T. Speaker, M.D., editor, Mt. Morris, Ill.

ON THE ADMISSION OF IDIOTIC AND INEBRIATE CHILDREN INTO LUNATIC ASYLUMS.—By W. W. Ireland, M.D., Prestonpans.

THE RELATION OF THE STATE TO THE MEDICAL PROFESSION.—By Charles J. Lundy, A.M., M.D.

HOMEOPATHY, AS VIEWED BY A MASSACHUSETTS DOCTOR.—By Vincent Y. Bowditch, A.M., M.D.

OPEN LETTER TO BOARD OF MANAGERS State Asylum for Insane, Morristown, N. J.—By H. C. Buttolph, M.D. (1886.)

A VISIT TO GHEEL.—By Chas. W. Pilgrim, M, D.

WM. P. LETCHWORTH, Address before National Conference of Charities. (1686).

ELECTROLYSIS in GYNECOLOGY.—By F. H. Martin, M.D. (1886).

TRANSACTIONS OF LOUISIANA STATE MEDICAL SOCIETY. (1886).

ATMOSPHERIC PURIFICATION.—By David Prince, M.D.

STADSLAEGEUS-AARSBERETNING for 1885. from Dr. P. A. Schleisner, Copenhagen.

STUDI SENESI, Vol. 2, fasic 2–3. (1886.) Prof. Henry Ferri, Editor and Director.

THE NEUROLGICAL REVIEW, Nos. 1 2 and 3. J. S. Jeurll, M. D., Editor, Chicago.

TWENTY-EIGHTH ANNUAL REPORT Scotch Lunacy Commissioners. (1886.)

THE SOUTHERN DRUGGIST and Home Doctor, Charlotte, N. C. July, 1886.

THE CARSON PHILATELISH, August, 1886.

BEITRAGE ZUR GERICHTLICHEER CHEMIE.—By George Dragendorff, Dorpat, Russia.

THE NORTHAMPTON LUNATIC HOSPITAL.

THE NORTHAMPTON LUNATIC HOSPITAL.—The traveler approaching Northampton, Massachusetts, from the south, upon the Connecticut River Railroad, may observe, at the north-west, after leaving the Mount Tom Station, a brick edifice, evidently too large for a private dwelling, and bearing, in its aspect, the indications of a public institution. This is, by legal title, the Northampton Lunatic Hospital, chronologically the third establishment of its kind founded by the State in which it is situated; that at Worcester having been the first, and that at Taunton, the second. It is nearly due west, and at the distance, in a straight line, of about one mile, from the railroad station in Northampton. It stands upon an elevation of something more than one hundred feet above the street at the Court House and the Post Office, and commands one of the most beautiful views in this most picturesque portion of the valley of the Connecticut River. Mount Holyoke is in full view at the south-east, and Mount Tom at the south.

The form of the gound-plan of the hospital is nearly represented by the letter E, if its central horizontal part be extended beyond the other two. That central part represents the administrative and domestic block, and the rest of the letter the wings containing the apartments for patients. Each wing is divided into four sections, two of which help to form the front of the building, and two are in the retreating portion. The second front section is set farther back than the first, the front face of the former coinciding with the back face of the latter. The whole front façade is 512 feet in length, and the three retreating portions average not far from one hundred feet each, making a total of about eight hundred feet.

The administrative block contains, in front, the offices, with the Superintendent's apartments over them ; and, farther back, an ample rotunda, 49 by 57 feet 8 inches, communicating, by doors, with both wings and with the domestic departments in the rear, while two curving flights of stairs lead to the second floor. Here, and again on the third floor, this rotunda is repeated, with similar stair-ways and doors ; but one of the doors on each of these stories opens into the chapel instead of the domestic departments. This rotunda is a distinguishing feature of the hospital, contributing much to the convenience, comfort, and beauty of the house.

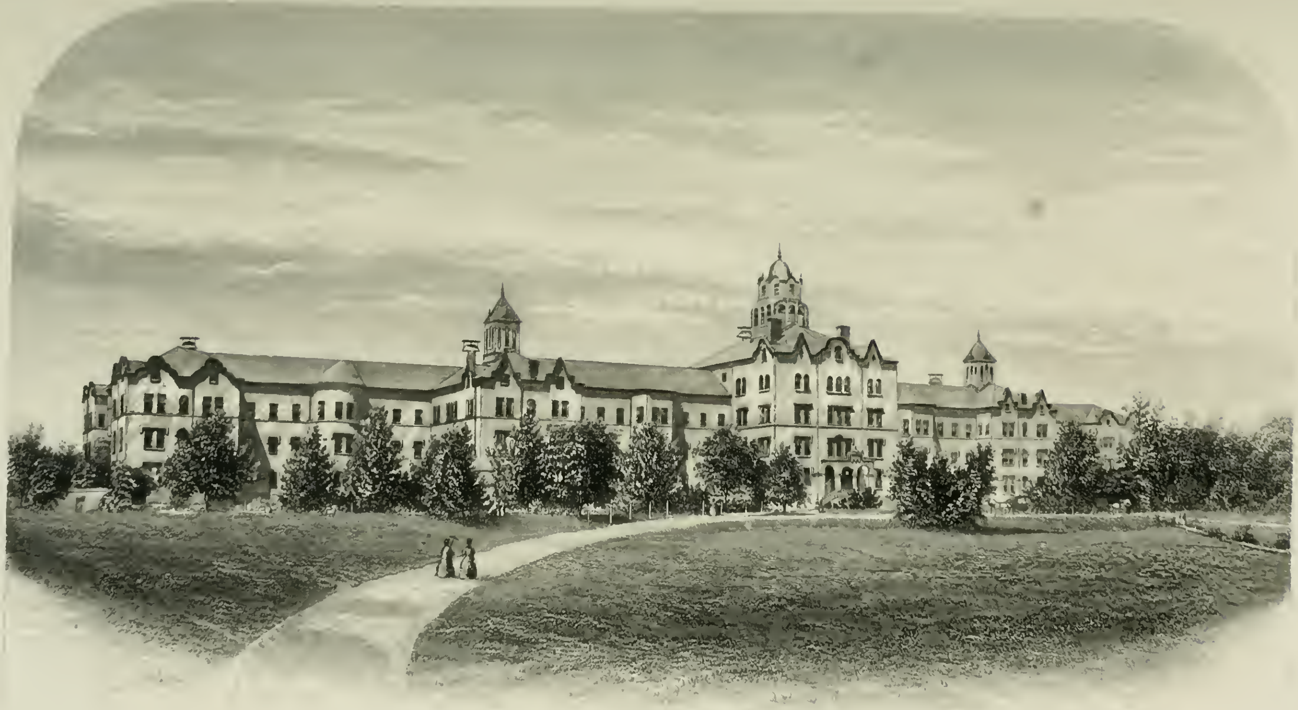
In the wings, with the exception of the fourth and smallest section, a corridor, twelve feet wide, runs lengthwise through the middle, with rooms for patients upon either side ; excepting that, in the front side of each section, there is a broad recess, with bay-windows, and large enough to serve as a sitting-room.

Associated dormitories give lodging to about two hundred patients. They contain from three to fifteen beds each. Every room has one or more flues for the entrance of heated air, and one or more for the escape of foul air. Heating is by steam, and ventilation is forced, by a fan. There are twelve wards, or halls, for patients, and nine dining-rooms in each wing.

The plan of the hospital was designed by the late Dr. Luther V. Bell, for many years the medical superintendent of the McLean Asylum. He fixed its capacity of accommodation at 250 patients, but this was low. The pressure for room has been such that, at one time, it had 495 ; and the present number is 488. Its proper capacity is 400.

In its management, comfort and a home-like aspect, rather than luxury and show, have been among the principal objects aimed at. Nearly seven-eights of its inmates are supported at public expense, and the maxim of Stephen Allen—once mayor of New York, and one of the finest uncut diamonds of humanity ever found in that city—that "money given for charitable purposes should not be wasted in extravagance," has been remembered. It has not, however, been deemed an extravagance, but a wholesome contribution to the great purpose of the hospital, to hang the walls of its apartments with more than fifteen hundred framed pictures.

The hospital farm now contains 365 acres. It is admirably situated, its surface agreeably diversified by hill, plain and valley, as well as by grove, garden, field, and meadow. Already beautiful, it still possesses great undeveloped possibilities of beautification. Already prolific—after twenty-eight years of improvement—it can be made much more so. It now produces all the vegetables, and all the milk, for a family averaging about 530 in number. Twenty-two years ago its yield of hay was forty tons. This year its first crop was 222 tons. Best of all, it furnishes great facilities for the wholesome and restorative occupation of its inmates.



Tho' Chubbuck Eng' Springfield Mass

HOSPITAL FOR INSANE.
NORTHAMPTON, MASS.

DR. PLINY EARLE.

Pliny Earle, A. M. M.D., son of Pliny Earle, was born in Leicester, Mass., December 31, 1809. He is descended from Ralph Earle, who came from England and settled on the island of Rhode Island in or before the year 1638. His ancestors, of recent generations were Friends, and he still retains his birth-right membership in that society. His earlier education was at the academy in Leicester, Mass., and at the Friends' school in Providence, R. I. He received the degree of M.D. from the University of Pennsylvania, in 1837. He studied a year in the medical school and the hospitals in Paris, and afterwards spent a year in travel in Europe, where, both on that and on two subsequent trans-atlantic journeys, he visited many asylums for the insane. In 1840 he was appointed resident physician of the Friends' Asylum for the Insane, at Frankford, Philadelphia. Here Dr. Earle was first engaged in the specialty in which he has become so eminent. In 1844 he was appointed Medical Superintendent of the Bloomingdale Asylum for the Insane, in New York city, where he remained five years. While there, and again, some years later, he was elected as one of the visiting physicians of the New York City Lunatic Asylum on Blackwell's Island.

In July 1864, he was appointed Superintendent of the State Lunatic Hospital at Northampton, Mass., where he remained until October, 1885, when his advancing years and impaired health admonished him that rest andrelief from continuous labor were necessary. He was, at the time of his retirement, the oldest of the superintendents of the hospitals for the insane in the United States.

Dr. Earle combines, in his character, those qualifications which give success to the principal officer of an institution of that kind. A scrupulous sense of honor and a thorough knowledge of human nature won for him the confidence of the community. Careful economy and good business management made his administration financially successful, in a marked degree. Strict discipline and close attention to the details of his duties, enabled him to keep the general order and working of the hospital up to a high standard. His long experience and study have given to his judgment, in the diagnosis of insanity, a special value. His idea, in the care of the insane, has always been to control and to care for them, but not to punish; and to give them occupation and entertainment. He has done a vast amount of work in the regular evening assemblies of patients, in the way of readings, recitations, and lectures upon sceintific and miscellaneous subjects. He was the first man, so far as known, who ever addressed an assembly of the insane in any other than a religious discourse, and the only one who ever gave a course of lectures on insanity to his patients. Strange as it may seem, those lectures were highly appreciated by his audience, which included no less than two hundred and fifty insane persons.

Dr Earle has often been called as an expert in criminal cases. Among them the most important are those of Peck, at Greenfield Mass.; Eastman and Montgomery, at Northampton; Smith, at Springfield; Clarke, at New Haven, Conn.; Thurston, at Ithaca, N. Y.; Klein and Russ, in New York City; and Charles J. Guiteau, at Washington, D. C.; In the case last mentioned, after an attendance of a week he was obliged, by illness, to withdraw; but he approved, and still approves, the verdict which held Guiteau responsible for the homicide.

Of trials before the tribunals of civil law in which he has been thus engaged, the most widely known are the Parish Will case and the suit for setting aside the marriage of Mary H. Croes, *alias* Patterson; both in New York City.

Dr. Earle was one of the original members and founders of the Association of Medical Superintendants of American institutions for the Insane, of the New York Academy of Medicine, and of the New England Psychological Society. Of the society last mentioned he was the first president. He was vice-president of the American Association of Medical Superintendents during the year 1883-4, and president of the same association in 1884-5.

He was elected member of the Philadelphia Medical Society in 1837, of the New York Medical and Surgical Society in 1845, of the Massachusetts State Medical Society in 1868, of the American Philosophical Society in 1866, Fellow of the New York College of Physicians and Surgeons in 1846, Councillor of the Massachusetts Medical Society in 1876, and coresponding member of the medical Society of Athens, Greece, in 1839. He is a member of the American Social Science Association. Honorary member of the British Medico-Psychological Association, and coresponding member of the New York Medico-Legal Society.

Some of the more important of Dr. Earle's writings which have been published are "A Visit to Thirteen Asylums for the Insane in Europe," "History, Description and Statistics of Bloomingdale Asylum for the Insane," "Blood-letting in Mental Disorders," "Institutions for the Insane in Prussia, Austria and Germany," "Psychologic medicine, its importance as a part of the Medical Curriculum," The Psychopathic Hospital of the Future," "Prospective Provision for the Insane," "The Curability of Insanity," "A Glance at Insanity and the Management of the Insane in the American States." He has also written five annual reports of the Bloomingdale Asylum for the Insane, and twenty-two annual reports of the State Lunatic Hospital at Northampton, Mass. He now has, in press, a book on the Curability of Insanity.

E. B. N.

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☞ No. 1 Vol. 1 of this Journal is out of print: we have numerous orders for it, and for some time have offered $1.50 per copy in our columns without much success.

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REPORT ON CLASSIFICATION

OF MENTAL DISEASES

AS A

Basis of International Statistics of the Insane,

MADE TO THE

BELGIAN SOCIETY OF MENTAL MEDICINE.

BY CLARK BELL, ESQ.,

*INTERNATIONAL DELEGATE FOR NORTH AMERICA.**

DR. LENTZ,

Secretary Society of Mental Medicine of Belgium.

Honored Sir and Colleague.—I have the honor to submit herewith the transactions of a conference of the committees representing various distinguished scientific bodies of the United States of America and the Canadas, with eminent Alienists and Publicists, who had been invited to co-operate with the International Committee, appointed at Antwerp last September, under the auspices of your Society.

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* Read and Submitted to the Medico Legal Society, September 21st, 1886.

This Conference was held on 8th September, 1886, at Saratoga, New York, and notwithstanding divergence of views, unanimously agreed upon a basis, which it gives me great pleasure to submit to your body, and which I shall also transmit to my associates upon the International Committee.

It is hoped, on this side the Atlantic, that out of the various classifications submitted, some *one* may be selected by the International Committee, or your body, which may ultimately receive the assent of all, and that in the near future we may realize a uniform basis, that shall be accepted and adopted, for International Statistics of the Insane, by the civilized world.

After the labors of the International Committee in selecting the basis, have been completed, much will be needed to secure uniformity in International Legislation, in order to reap the benefit of those labors, and the co-operation of Publicists and Governments must be invoked.

The system of census taking by the General Government of the United States of America, compares favorably with other countries. Among American States, Massachusetts, has already placed herself in advance of the others, and tolerably accurate returns are now made in that State, as also done in Ireland and Norway. It is hoped these results may be greatly improved in the near future by all or many other countries.

It remains for the International Committee, or your body, as early as possible, to agree upon a common basis, to which all can assent, having in view its practical value for the purposes of uniformity in International Statistics, regarding Insanity, only, and not hoping to reach, with our present limited knowledge of the Patholigy of Insanity, an exact scientific classification which would be acquiesced in, by all Students of Mental Medicine.

With great respect,
Yours ever faithfully,
CLARK BELL.

SARATOGA, Sept. 8, 1886.

CLARK BELL, Esq., New York,
Member International Committee on Classification of Mental Diseases.

Dear Sir.—Having been elected Secretary of the Conference of Alienists assembled here to-day, on your invitation, to consider the subject of "An International Classification of Mental Diseases," allow me to submit the following Report of the proceedings, which, I hope, on behalf of the Conference, may prove acceptable to your General Committee.

I have the honor to be,
Your obedient servant,
WALTER CHANNING, M. D.,
Member of the Committee of Delegates appointed
by the New England Psychological Society,
and Secretary of the Conference.

MINUTES OF A CONFERENCE

OF

COMMITTEES DESIGNATED BY SCIENTIFIC BODIES, ALIENISTS AND PUBLICISTS, HELD ON INVITATION OF

CLARK BELL, Esq.,

INTERNATIONAL DELEGATE, APPOINTED AT THE ANTWERP CONGRESS OF SEPTEMBER, 1885, ON

Classification of Mental Diseases

AS A BASIS FOR A UNIFORM SYSTEM OF INTERNATIONAL STATISTICS OF THE INSANE, HELD AT SARATOGA, NEW YORK, ON SEPTEMBER 8TH, 1886.

◆

SARATOGA, SEPTEMBER 8TH, 1886.
Morning Session, 10 A.M.

Mr. CLARK BELL, International Delegate, read the call, which had been sent to each member of the several Committees selected by the various scientific bodies, who had responded to the invitation sent by him upon the suggestion of the Belgian Society of Mental Medicine, to co-operate with the International Committee,

> 57 Broadway, New York,
> *August* 30, 1867.
>
> *My Dear Sir :*
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> The Conference of the various Committees appointed by Scientific bodies, Eminent Alienists and Publicists, to agree upon a uniform classification of Mental Diseases, in order to secure the best basis of International Statistics of the Insane, in co-operation with the International Committee appointed at the Antwerp Congress, held by the Belgian Society of Mental Medicine, last Autumn, will be held at Saratoga, N. Y., on September 8th, 1886, at 10 o'clock A. M.
>
> Dr. Pliny Earle has been invited to preside.
>
> You are cordially invited to be present. Please advise me if you will attend.
>
> CLARK BELL,
> *Member of International Committee for North America.*

and said that this invitation had been sent to a large number of eminent alienists and publicists of the United States and the Canadas, known to be interested in the subject, and to the leading Editors of the Medical Press, who took an interest in Forensic Medicine, Neurology and Psychiatry. Mr. Bell said that the International Committee on International Statistics of the Insane and Classification of Mental Diseases was composed as follows :

Dr. D. Hack Tuke, of London, for England ; Dr. Guttstadt, of Berlin, for Germany; Prof. Dr. Benedikt, of Vienna, for Austria; Dr. Magnan, of Paris, for France ; Dr. Valdemar Steenberg, of Copenhagen, for Scandinavian countries ; Dr. Mierzejewski, for Russia ; Dr. Ramaer, of the Hague, for Holland; Dr. Sola, of Buenos Ayres, for South America ; Mr.

Clark Bell, for North America; Prof. L. Wille, of Basle, for Switzerland; Prof. Andrea Verga, Senator of Milan, for Italy.

That the paper of Prof. Lefebvre, of Belgium, the proceedings of the Congress at Antwerp, the letter of B. C. Ingels, M. D., late Secretary of the Belgian Society, to the American member of the Committee, had been forwarded to several of the learned and scientific bodies of the United States and Canada, and the attention of the American, Canadian and Mexican Governments called to the desire of the Belgian Society, and the co-operation requested of these bodies and Governments to the work imposed upon the Committee by the Antwerp Congress.

That the following gentlemen have been named by the learned societies, as their representatives in the work:

The Medico-Legal Society of New York:—Dr. Pliny Earl, of Northampton, Mass.; Dr. Alice Bennett, of Norristown, Pa.; Dr. Charles H. Hughes, editor *Alienist and Neurologist*, St. Louis, Mo.

The National Association for the Protection of the Insane and the Prevention of Insanity:—Dr. Charles K. Mills, of Philadelphia; Dr. John C. Shaw, Superintendent of Flatbush Asylum, N. Y.

The American Association for the Cure of Inebriety:—Joseph Parrish, M. D., Burlington, N. J.; T. D. Crothers, M. D., Hartford, Conn.; Dr. Albert Day, Superintendent Washington Home, Boston, Mass.

The Society for Promoting the Welfare of the Insane:—Dr. Henry R. Stiles, New York City; Edward P. Wiley, Esq., New York City.

The Association of Medical Superintendents of American Institutions for the Insane:—Dr. Charles H. Nichols, of Bloomingdale Asylum, New York; Dr. Henry P. Stearns, Hartford Retreat for Insane, Hartford, Connecticut.

The Massachusetts Medico-Legal Society:—F. Winsor, M. D., President of that Society, Winchester, Mass.; Ira Russell, M. D., Superintendent Insane Hospital, Winchenden, Mass.

American Academy of Medicine:—Dr. E. W. Cushing, of Boston; Dr. A. D. Rockwell, of New York; Dr. P. N. Connor, Cincinnati, Ohio.

Medico-Chirurgical Association of Canada:—Dr. Henry Howard, Montreal; Dr. James Stewart, McGill University, Montreal.

New England Psychological Association :—Dr. J. P. Bancroft, Concord, N. H.; Dr. William B. Goldsmith, Superintendent Butler Hospital, Providence, R. I. ; Dr. Walter Channing, Superintendent, etc., Brookline, Massachusetts.

American Social Science Association :—F. B. Sanborn, Secretary of Concord, Mass.; Prof. Wayland, of Yale College, New Haven, Conn. ; Hon. Carroll D. Wright, of Bureau of Statistics, of Boston, Mass.

Ontario Medical Association, of Toronto, Canada :—Dr. Buck, Superintendent of the Insane Asylum at London, Canada, and Dr. C. K. Clark, Superintendent of the Insane Asylum at Kingston, Canada.

Mr. Bell moved that Dr. PLINY EARLE, many years Superintendent of the Massachusetts State Lunatic Hospital at Northampton, Ex-President of the Association of Medical Superintendents of American Institutions for the Insane, and Chairman of the Committee designated by the Medico-Legal Society of New York, to co-operate with the International Committee, be chosen Chairman of this Conference, which was seconded by Dr. J. P. Bancroft, Ex-Superintendent of the New Hampshire State Lunatic Asylum at Concord, and unanimously adopted.

Dr. Pliny Earle took the Chair, and after thanks for the high honor, spoke of the great importance of the subject, the difficulties and embarrassments surrounding it, and the great interest he felt in it, in common with all alienists and publicists in this country.

It was moved that Dr. Henry P. Stearns, of the Hartford Retreat for the Insane, delegate representing the Association of Medical Superintendents of American Institutions for the Insane, be chosen Vice-Chairman of the Conference, which was seconded by Dr. Ira Russell, of Winchenden, Mass., and unanimously adopted.

On like motion, Dr. Walter Channing, Superintendent of Insane Hospital at Brookline, Mass., one of the delegates designated by the New England Psychological Society, was chosen Secretary by unanimous vote.

At the request of the Chair, Mr. Bell stated the history, nature and purposes of the Conference, read the list of eminent alienists and publicists who had been invited, and a large number of letters from such as were unable to attend, expressing their interest in the subject, and many of them containing suggestions as to the labor before the Conference.

Among these were letters from Dr. Alice Bennett, of Norristown Asylum, Pa.; Dr. F. Winsor, of Massachusetts Medico-Legal Society; Dr. E. W. Cushing, of Boston, representing the American Academy of Medicine; Prof. William A. Hammond, of New York; Dr. A. E. Macdonald, General Superintendent of New York City Asylum for the Insane.

Dr. James Hendrie Lloyd, of Philadelphia, Pa., Secretary of the Philadelphia Neurological Association; Dr. Charles K. Mills, President of the American Neurological Association; Dr. William B. Goldsmith, Superintendent Butler Hospital for the Insane at Providence, R. I.; Dr. S. S. Schultz, Superintendent Insane Hospital at Danville, Pa.; Dr. Buttolph, President of the Association of Medical Superintendents of American Institutions for the Insane of Short Hill, N. J.;

Dr. J. Alden Blumer, of State Lunatic Asylum at Utica; Dr. P. M. Wise, Superintendent of Willard Asylum; N. Y.; Dr. Andrews, Superintendent of State Asylum at Buffalo, N. Y.; Dr. Talcott, of State Asylum at Middletown, N. Y.; Dr. Isaac Ott, of Easton, Pa.; Dr. John Curwen, Secretary National Association of American Superintendents of the Insane of Warren, Pa.; Dr. Henry Leffman, Secretary Medical Jurisprudence Society of Philadelphia; Dr. J. Olmstead, Superintendent Connecticut State Hospital at Middletown, Conn.; Dr. B. Sachs, Editor Journal "Nervous and Mental Diseases," N. Y.; Dr. Jewell, Editor of "Neurological Review of Chicago"; Dr. H. M. Hurd, of Pontiac Asylum, Michigan; Dr. R. L. Parsons, of Sing Sing, N. Y.; Dr. George B. Twitchell, of Keene, N. H.; Dr. E. B. Nims, of Massachusetts State Hospital at Northampton; Hon. Oscar Craig, and Hon. William P. Letchworth, of New York State Board of Charities; Dr. W. B. Hallock, of Cromwell Hall, Conn.; Dr. R. J. Dunglison, Editor "College and Clinical Record," of Philadelphia, Pa.; Dr. Wardner, Superintendent Illinois Southern Hospital for the Insane at Anna, Ill.; Dr. Jennie McCowen, of Davenport, Iowa.

Letters of acceptance were read from Dr. Bancroft, Dr. Ira Russell, Dr. A. P. Rockwell, of New York; W. B. Fletcher, of Indianapolis; Dr. Channing, of Brookline, Mass.; Hon. Carroll D. Wright, of Boston; F. B. Sanborn, of Concord, Mass.; Prof. Wayland, of Yale College; Dr. T. D. Crothers, of Hartford, Conn., and others.

Dr. Earle announced that at request of Mr. Bell he had invited Dr. Joseph Draper, of Brattleboro Asylum, Vt.; Dr. T. W. Fisher, of City Lunatic Asylum, Boston; Dr. John G. Park, of Lunatic Asylum at Worcester, Mass., and Dr. H. M. Quimby, of Worcester Lunatic Asylum, Mass.

Mr. Bell also gave a list of others invited, among whom was Dr. William W. Godding, Superintendent Government Hospital for Insane at Washington, D. C., whom he had since learned was absent on his vacation, and he feared it had not been received by Dr. Godding.

Mr. Bell announced that Mr. F. B. Sanborn, of Concord, Mass.; Prof. Wayland, of Yale; and Hon. Carroll D. Wright, of Boston, were the delegates chosen by the American Social Science Association, all of whom were in attendance.

Dr. J. E. White, Secretary of the Ontario Medical Association, telegraphed Mr. Clark Bell that "Dr. Buck, Superintendent of Insane Asylum of London, Canada, and Dr. C. K. Clark, Superintendent Insane Asylum at Kingston, Ontario, Canada," were named as representatives for that Association for the Conference, but the telegram did not reach Mr. Bell until too late to send notices to those gentlemen.

A letter of Dr. Henry Howard, representative of the Medico Chirurgical Association of Canada, was read before the Conference, as desired by him, and three papers forwarded by him were laid before the body, viz.:

Medical History of Louis David Riel, at Longue Point Asylum.

Criminal Responsibility.

Address before McGill University, and announcing that his co-committeeman, Dr. Stewart, was in Europe.

Mr. Bell submitted to the Conference the various plans, or Basis of Classification, that had been submitted by the different members of the International Committee, as reported by Dr. B. C. Ingels, to the Belgian Society, as also that submitted by Meynert, for Austria, and Dr. Mierzejewski, for Russia.

These various plans were carefully considered, discussed and compared with each other.

Mr. Bell also submitted a letter from [Dr. Chas. K. Mills, President of the American Neurological Association, urging simplicity and brevity in the basis to be adopted, and expressing his great interest in the subject, enclosing a plan that he favored.

A general discussion followed, participated in by the Chairman, Dr. Pliny Earle, Dr. J. P. Bancroft, Dr. J. M. Carnochan, Dr. Walter Channing, Dr. Henry P. Stearns, Mr. Clark Bell, Dr. W. B. Fletcher, of the Indiana State Hospital, F. B. Sanborn, of Boston, and Dr. Ira Russell. In the course of the discussion, Drs. Stearns and Channing each presented a plan devised by himself.

The following points were considered as settled by the Conference ;

1. That the proposed classification should be

framed, with special reference to its practical use, for the purpose of securing a uniform basis for International Statistics of the Insane.

2. That it was not deemed desirable to make a complete, detailed Scientific Classification of Insanity, which should embrace all known forms or subdivisions of the Insane, but as simple a classification as could well be framed, for the purpose we had in view, viz.: that of securing a basis for uniform International Statistics, that should be representative of American thought under our present knowledge of the science.

After a full discussion, a basis was agreed upon, and Dr. Henry P. Stearns was selected to submit it to the Conference at the adjourned session, at 3:30 P. M., for further action.

Adjourned to 3:30 P. M., at Bethesda Parish Home.

AFTERNOON SESSION.

3:30 P. M., September 8th, 1886.

Dr. PLINY EARLE in the Chair.

The Chair introduced Mr. CLARK BELL, the International Delegate, who addressed the meeting at length, giving the action of the Belgian Society initiating the movement; the transactions of the Antwerp Conference; the composition of the International Committee;

the labors and plans of such countries as had submitted their plans already; the course he had taken to secure the co-operation of the most distinguished of American and Canadian Alienists and Publicists, and the success which had crowned his labors in the present Conference.

Dr. Henry P. Stearns, of Hartford, made extended remarks, explaining the previous labors of the members, in agreeing upon a basis which he carefully explained and submitted, and concluded an interesting address by moving its adoption, and that it be recommended by the Conference to the International Delegate for North America for submission by him to the Belgian Society, viz:—

Plan of Classification of Mental Diseases, adopted at a Conference of Committees, Alienists and Publicists, held on invitation of Mr. Clark Bell, Member of the International Committee, for North America appointed by the Antwerp Congress, on Classification of Mental Diseases, as a Basis for International Statistics of Insanity, at Saratoga, New York, September 8th, 1886.

1.—Mania.	Acute. Chronic. Recurrent. Puerperal.
2.—Melancholia.	Acute. Chronic. Recurrent. Puerperal.

3.—Primary delusional insanity (monomania).

4.—Dementia.
  - Primary.
  - Secondary.
  - Senile.
  - Organic (tumors, hemorrhages, etc.).

5.—General Paralysis of the insane.

6.—Epilepsy.

7.—Toxic Insanity (alcoholism, morphine, etc.).

8.—Congenital mental deficiency.
  - Idiocy.
  - Imbecility.
  - Cretinism.

General discussion followed by the Chairman, Dr. Pliny Earle, Dr. J. P. Bancroft, of New Hampshire, Dr. W. B. Fletcher, of Indiana, Dr. Ira Russell, of Massachusetts, Dr. John M. Carnochan, of New York, Dr. Walter Channing, of Brookline, Mass., Mr. F. B. Sanborn, of Boston, Dr. E. M. Mosher, of Brooklyn, Dr. Hall, of Brooklyn. On being put to vote, the motion of Dr. Stearn was adopted unanimously.

The Conference then adjourned *sine die.*

WALTER CHANNING, M. D.,

Secretary.

Testamentary Capacity.

BY WM. J. MANN, ESQ.,

*OF THE NEW YORK BAR.**

In 1828, Chancellor Walworth in Clark *vs.* Fisher, 1 Paige 171, said ;

"The general principles in relation to the capacity of a person to make a will are well understood. He must be of sound and discerning mind and memory, so as to be capable of making a testamentary disposition of his property with sense and judgment in reference to the situation and amount of such property, and to the relative claims of different persons who are or might be the objects of his bounty."

This is a clear and simple statement of the law concerning testamentary capacity and has been frequently cited and approved by the Courts in many states.

Just what degree, however, of mental weakness or impairment shall be held to destroy testamentary capacity has given rise to much discussion and varying opinions in the reports.

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*Read before the Medico-Legal Society, September 15th, 1886.

Nearly fifteen years after the statement of the law by Chancellor Walworth, just referred to, we find the Court of Errors of this State asserting that the most pronounced imbecility and incapacity of mind, will not invalidate a will, unless the testator be an absolute idiot or lunatic. Stewart *vs.* Lispenard, 26 Wend., 255.

This erroneous view was followed by our Courts for several years to a considerable extent, until in 1862, in the famous Parish Will Case it was expressly challenged and overruled. Delafield *vs.* Parish, 25 N. Y., 9–22.

The old theory that the mind is a unit and that impairment of any one of its functions or faculties indicates an absolute disability of the whole, has been generally discarded, and it is commonly held that partial insanity as for instance moral insanity or a specific delusion or group of delusions, unless shown to have affected the subject matter of a will, does not necessarily invalidate the will.

While undue influence and fraud are usually treated under a separate or distinct head in treatises on wills, yet the successful employment of these agencies is so dependent upon a weak or impaired intellect to operate upon that the two elements are closely linked together.

Especially does this appear in the case of the aged and the sick, who might frequently have sufficient capacity to properly dispose of their estates if left to themselves, but who have not strength to resist the threats and improper pressure brought to bear upon them, or discernment to detect the fraud practiced upon them.

The test in such cases must be whether the mind and will of the testator was the operating agent or whether it was so overborne and deluded that the act in question was in fact the product of the mind and will of another.

Suggestions by those about the testator, and even importunities showing great lack of delicacy are permitted, but it must appear that the testator possessed the requisite strength of mind to act independently, and to exercise his own judgement and will.

In the case of Eckert *vs.* Flowry, 43 Penn., State Reports 46, it is thus defined:

"Now that is undue influence which amounts to constraint, which substitutes the will of another for that of the testator."

In the leading case of Davis *vs.* Calvert, 5 Gill & Johnson's Maryland Reports, 269–299–313, it is said:

"A testator should enjoy full liberty and freedom in the making of his will, and possess the power to withstand all contradiction and control.

"That degree therefore of importunity or undue influence which deprives a testator of his free agency, which is such as he is too weak to resist, and will render the instrument not his free unrestrained act, is sufficient to invalidate it."

The unscrupulous, the crafty, are quick to take advantage of weakness and infirmity, and agile in imposing upon that condition in which a sick or feeble person will assent to almost any suggestion for the sake of peace and quiet.

Judge Woodward in a Penn. case illustrates this by referring to an old case in the time of Henry VIII "where a monk came to a gentleman, then *in extremis* to make his will. The monk asked the gentleman if he would give his manor to his monastery.

The gentleman answered yea. Then if he would give such and such estates to such and such pious uses. The gentleman answered yea to them all. The heir-at-law observing the covetousness of the monk, and that all the estate would be given away, asked the testator if the monk was not a very knave, who answered yea.

Afterward, for the reason above said, it was adjudged no will."

The case of Harvey *vs.* Sullens, 46 Missouri Reports, 147, presents a typical state of facts, showing undue influence. The testatrix, Mrs. Sip, an old lady seventy-three years of age, though uneducated, was of strong mind and had good business capacity, until the latter part of her life when she became childish and irritable.

She had three children, and grandchildren and great grandchildren, all poor, and no evidence that the relations she sustained toward them were strained or unfriendly.

Sullens, the principal devisee and executor, was not a relative but an intimate friend frequently visiting her, belonging to the same church and occasionally taking her in his wagon to the services.

In her last illness Sullens is found at her bedside conversing with her in an undertone, so that the sister only a few feet away could not distinguish what was being said. A memorandum is made and in the evening

Sullens again appears with the will written by himself.

His brother-in-law, the attending physician, is already at the house and Sullens brings in a stranger, requests every one including the sister to leave the room and is left alone with the testatrix and the physician, his brother-in-law. The will is then read to her, the stranger brought in as a witness, and the will executed and acknowledged in the presence of these. Secrecy is then enjoined upon the witnesses by Sullens, who of course was the principal beneficiary in the will.

This will was properly held to have been procured by undue influence and fraud.

In our own state the Rollwagen will case, decided in 1876 and reported in 63 N. Y. 504, is perhaps the most interesting subsequent to the Parish will case.

Frederick Rollwagen, a native of Alsace, came to this country in 1829 and settled in New York. He was a butcher by trade and died at the age of 66, leaving $600,000 or $800,000. He could neither read nor write except that he could write his name and read figures.

Married early in life his first wife died, leaving three sons and one daughter. Married again in 1866, his second wife died leaving no issue.

After her death he lived in the family of his eldest son for about three years and then commenced housekeeping in one of his own houses taking Magdalena Herman, a niece of his first wife as his housekeeper, at a salary of $14.00 a month. For a time several of his children lived with him but they gradually left for various reasons and the family then consisted of himself, Magdalena the housekeeper, and a domestic.

His daughter died in 1867, leaving seven minor children, and soon after his health began to fail. He became quite infirm, had a shock of paralysis and required constant care and attention, which was rendered by Magdalena.

Although he had expressed an intention never to marry again, in Sept., 1871, unknown to his family he was married at the age of 64 to Magdalena, who was forty-two, strong and healthy.

Soon we find him dismissing his old and trusted agent and employing Henry Herman the brother of Magdalena to take charge of his property and affairs.

A larger and more expensive house is purchased and moved into, and there Henry Herman and his mother also came to live. After this time his children and grand children seldom visited him and he became substantially helpless and speechless.

His wife fed him and took care of him and she and her brother did all his business.

In 1873 his will is drawn up by a lawyer other than his former and longstanding counsel.

Henry Herman is the messenger, at whose request this attorney visits the house.

Mrs. Rollwagen is there with her husband.

He is entirely speechless and unable to utter any intelligible sound. Mrs. Rollwagen announces the wishes of her husband and claims to be able to interpret his signs and the movements of his lips.

A Codicil is afterwards executed under similar circumstances.

Mrs. Rollwagen is given the lion's share of the property and her brother is made executor, with provisions tying up the real estate in the hands of the executor for an indefinite period.

The Surrogate refused to admit this will and codicil to probate and is upheld in this by the Court of Appeals.

The Court say: "The decedent probably had sufficient mind to make a will, and this is not denied by contestant's counsel.

His mind was, however, undoubtedly impaired and his will enfeebled by paralysis and disease. To what extent we are unable to determine. If therefore the only objection to this will was mental incompetency to make it the objection could not prevail."

Then referring to undue influence they say: "The undue influence is not often the subject of direct proof, it can be shown by all the facts and circumstances surrounding the testator; the nature of the will, his family relations, the condition of his health and mind, his dependency upon and subjection to the control of the person supposed to have wielded the influence, the opportunity and disposition of the person to wield it, and other acts and declarations of such person. It is not sufficient to avoid that it is obtained by the legitimate influence which affection or gratitude gives a relative over the testator.

A competent testator may bestow his property upon the objects of his affection, and he may from gratitude reward those who have rendered him services, but if one takes advantage of gratitude or affection to obtain an unjust will in his favor, using his position to subdue and control the mind of the testator so as substantially to deprive him of the use of his free agency, then the fact that affection and gratitude was the moving cause makes it no less a case of undue influence."

In this case we have an enfeebled mind and body, with satisfactory evidence of the dominant will of the wife destroying the free agency of the decedent and operating for her personal aggrandizement.

This is in marked contrast to the case of Horn vs. Pullmann, reported in 72 N. Y. 270, where the probate of a will is upheld although the testator was 83 years old, enfeebled in body, and with sight and memory considerably impaired, but where there was no satisfactory evidence of undue influence.

In determining the question of testamentary capacity and undue influence the contents and provisions of the will may be properly considered.

If the will is manifestly an unjust one and disregards the ordinary obligations of duty and affection it should be viewed with suspicion.

In Davis vs. Calvert, before referred to it is said: "A will or testament may by its provisions furnish intrinsic evidence involving it in suspicion and tending to show the incapacity of the testator to make a disposition of his estate with judgment and understanding in reference to the amount and situation of his property, and the relative claims of the different persons who should have been the objects of his bounty; such as the disposition of his estate to the exclusion of near and dear relatives having the strongest natural claims upon his affections, a wife and children for instance, or other near and dear relations, without any apparent cause, which alone would be a suspicious circumstance, although not proving per se sufficient ground for setting aside the instrument."

These three factors, the mental condition of the testator, the presence or absence of undue influence, and the character and terms of the will itself, must often be considered together in arriving at a proper conclusion as to the upholding of the instrument.

In determining the mental condition of the testator the question has been much discussed how far the opinions of those not experts, but who have had opportunities of observing the decedent should be received by our Courts. I am strongly of the opinion that a most liberal policy in receiving such te-timony is the wise course. It is frequently held that a witness may tell what he saw and heard and, sometimes, what impression was made upon him thereby, but that he cannot state whether the testator seemed to him sane or insane, rational or irrational. He can only state how particular acts detailed by him impressed him.

This seems an unfortunate rule. It is frequently impossible to detail and describe the assemblage of acts, of symptoms and appearances, the movements, the look of the eye, etc., which yet irresistibly indicate to the observer the loss of reason. Much as I respect the scientific opinions of experts, I seriously question whether an intelligent person who has been daily in the society of the testator is not a better judge of his sanity or insanity than the most skillful alienist who has never seen the person in question, and who must testify in answer to hypothetical questions often imperfectly and inaccurately detailing the facts of the case.

I believe our best experts would cheerfully accept this proposition and welcome such opinions founded upon personal observation as an aid to them in arriving at their conclusions. The law in this State is laid down in the case of Hewlett vs. Wood (not fully reported) in 55 N. Y., 634, as follows: "The general rule is that witnesses must speak of facts alone, and may not utter opinions, conclusions or inferences * * * persons not experts may testify to facts and incidents known or observed by them in relation to a testator which tend to show soundness of mind or the contrary, and may testify to the impression produced upon them by what they beheld or heard, and whether the acts and declarations thus testified to seemed to them rational or irrational, but they may not express an opinion as to the general soundness or unsoundness of mind of the testator, nor as to the competency of the testator to execute a will."

Mr. Justice Doe in the New Hampshire case of State vs. Pike, 11 Am. Law Reg. n. s. 233., s. c. 51 New H. Reports 105, delivered a dissenting opinion, which on account of its exhaustive review of the cases bearing upon this question, and the convincing and logical nature of its argument, has been quoted by most of the leading writers on this subject. In his review of the English authorities he shows that the opinions of non-professional witnesses as to the sanity of a testator have always been received when founded upon personal observation. The learned Justice says in his opinion; "If opinions of physical condition are competent, opinions of mental condition must be competent.

The difficulty of proving physical health or disease without opinion, makes opinion a legal grade of best evidence; the difficulty of proving mental health or disease without opinion, is still greater and makes opinion more palpably a class of best evidence."

There are many cases in the various State Courts upholding this view, which we think, has the weight of the arguments and of the decisions in its favor.

The effect of drunkenness or the long continued use of stimulants upon testamentary capacity has naturally been much discussed. Drunken fits, no matter how frequent, do not of necessity invalidate a will, if it be shown that it was made when the person was so far restored to his senses as to know what he was about.

The decisions recognize that the insane may have lucid intervals and at such times may make a will, and an analogy has been drawn by some of the Courts between such lucid intervals and the condition of an inebriate between his sprees.

Certain it is, however, that if inebriety has been so extended as to actually impair the functions of the mind, it will often invalidate a will. Such a case will be considered in the same light as a case of mental derangement produced by any other cause. Gardner *vs.* Gardner, 22 Wendell, 526. Barrett *vs.* 'Buxton, 2 Aikens, Vermont Reports 167, and Peck *vs.* Cary, 27 N. Y., 9, are leading cases on this subject. In the latter case the rule is thus stated: "It is not the law that a dissipated man cannot make a contract or execute a will, nor that one who is in the habit of excessive indulgence in strong drink must be wholly free from its influence when performing such acts. If fixed mental disease has supervened upon intemperate habits, the man is incompetent, and irresponsible for his acts. If he is so excited by present intoxication as not to be master of himself, his legal acts are void, though he may be responsible for his crimes."

An insane delusion affecting the provisions of a will must invalidate it. A most interesting question has arisen, however, whether a belief in spiritualism and communications from the so called spirit land, can be considered an insane delusion. From the nature of things it is impossible to demonstrate that such alleged spiritual converse is either the figment of a disordered brain or the catch penny charlatanry of an adventurer. So it would be equally impossible to disprove the existence of witches, or fairies, or of the creations of mythology. When, however, a person entertains a belief opposed to the general experience of mankind and incapable of being verified by human means, and such belief leads the person to disregard the ordinary obligations of duty and affection, it is to be hoped that our

Courts may never sustain a will based upon such conditions. Liberty of religious belief is precious to all men and is recognized by our laws, but as has been well said "a good tree cannot bring forth corrupt fruit," and any alleged religious belief that leads a testator to commit wrong and injustice may be safely set down as a delusion.

In conclusion I desire to call attention to the great responsibility devolving upon both lawyers and doctors in this matter of wills. Physicians are frequently requested to act as subscribing witnesses to such documents, but should never allow themselves to do so unless thoroughly satisfied of the mental soundness of the testator, and that the testator understands the provisions of the will, and that it is his own act and not that of another mind. Chancellor Walworth in Scribner *vs.* Crane, 2d Paige, 147, 149 says: "No person is justified in putting his name as subscribing witness to a will, unless he knows from the testator himself that he understands what he is doing. The witness should also be satisfied from his own knowledge of the state of the testator's mental capacity, that he is of sound and disposing mind and memory. By placing his name to the instrument the witness, in effect, certifies to his knowledge of the mental capacity of the testator, and that the will was executed by him freely and understandingly, with a full knowledge of its contents. Such is the legal effect of the signature of the witness when he is dead, or is out of the jurisdiction of the Court."

To this we venture to add, no lawyer is justified in preparing, or assisting in, or consenting to the execution of a will unless he personally knows that the testator fully understands what he is about, and unless he has thoroughly satisfied himself of the testator's mental capacity and freedom of action. He should never accept suggestions or directions from a third party.

The "Expert" in Court and Legislature.

By Nelson S. Giberson, M. D. of San Francisco, Cal.*

Read before the Medico Legal Society, November 10, 1886.

"*Ne tentes, aut perfice.*"

It is a dire misfortune to the medical profession in this country that each individual member thereof, be he graduate or non-graduate, veterinary surgeon, or chiropodist, considers himself a "medical expert," and is by the law so considered. The catholicity of doctrine which confines expert testimony to no school or dogma is theoretically commendable; but the discretionary power implied in the exercise of such doctrine is liable to serious abuse in the absence of clearly defined rules of procedure. In Snyder *vs.* Iowa City the definition of a beneficiary of the State law for the remuneration of experts, was set forth in the following words: "To entitle a party to fees as an expert it must be shown that he was called as such, and to testify to an opinion founded on his special study and experience." This is so plainly put—he that runs may read it—that misconstruction or travesty is alike impossible. But the light

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*State *vs.* Wood, N. H., 53,184; 1873. Taylor *vs.* Railway, 48 N. H., 304; 1869. Mason *vs.* Fuller, 45 Vt., 29; 1872. New Orleans, etc. R. Co. *vs.* Albreton, 38 Miss. 247; 1859.

40 Iowa, 646.

has not penetrated west of the pushing little commonwealth on the banks of the Mississippi, and in California, as in many other States of the Union, the medical expert seems literally to have no standing in a Court of Justice. He cannot be subjected to any test which will develop his peculiar fitness to give "an opinion founded on his special study and experience," and which will designate him from the mass of his brethern as the authority of the occasion. The now celebrated malpractice suit of Winters *vs.* Graves, which recently closed at Santa Rosa by a verdict for the defendant, is an apt and complete illustration of the disabilities above alluded to. This was an action for damages for alleged malpractice in the treatment of an injured leg. The patient, a woman nearly sixty years of age, fell from a porch about five feet high, and injured one of her ankle joints. Dr. Graves, who had been a family physician for fifteen years, was called in, and concluded, after a deliberate examination, that no bones were broken, but that the ankle joint was badly sprained, with possible laceration of some of its ligaments. The case progressed favorably, the patient slowly getting about on crutches, and finally walking with the aid of a cane. The doctor was satisfied with the progress of the case which, at best, afforded but a slight prospect of a complete cure, and gradually lost sight of it, when nearly a year afterwards he was astounded by the information that the woman had instituted a suit against him for damages, in which both his professional standing and the few thousand dollars which he had gleaned by years of patient and self-denying toil were to be contended for. The case created a profound sensation in medical circles, and the central organization of the State (the San Francisco Medical Society) invited the defendant to its sessions—although he was not a member—and made a patient and thorough examination of all the material and moral circumstances of the case, which was supplemented by the reports of personal examinations of the injured limb by some of the most gifted specialists of the State. The unanimous conclusion was that Dr. Graves had done his whole duty to his patient, and that so far from being guilty of malpractice, his management of the case reflected credit upon him as a surgeon. The surgical testimony adduced by the plaintiff, was furnished by two witnesses, one of whom had long passed the age of three score and ten ; –who had lived for a generation in a community where a surgical case of any kind is a rarity ;—who had no "special study and experience," either of a theoretical or practical kind, in the surgery of the ankle-joint ;—and who was so densely ignorant of the most primitive surgical method that, in open Court, he proceeded to measure the intricate lines of the ankle with an inflexible, metallic, carpenter's "square," and gravely deposed that such measurement was accurate. The second witness was a young itinerant, who was equally destitute of special experience in surgery, except such as falls to the lot of the ordinary rural practitioner. In rebuttal, the defendant brought forward a solid phalanx of the acknowleged surgical experts of California—some of international repute—and one and all, unequivocally and fully endorsed his treatment. The jury (in the first trial) not possessing more than the scanty medium of intelligence which is permitted to juries generally, failed to discriminate between the respective values of the medical testimony offered ; and as, for reasons already stated, they were not enlightened upon the subject, they drifted to the conclusion that the only difference between the equally positive witnesses of plaintiff and defendant, was one of number and not of quality. This line of reasoning, carried to its logical consequences, produced the astounding verdict of "guilty."* It is precisely such cases as these which bring down on the medical witness the derision of his legal brethren. And his position in the witness box would tempt a smile, did not his utter helplessness invoke pity. He is assaulted by the keen and polished weapons of the opposing counsel which search out every joint of his harness with unerring certainty, and he can offer no more effective resistance than the stranded whale can present to the onset of his remorseless enemy, the sword-fish. If he is a new man on the witness stand, he is, by a few dextrous questions and a little unctuous encouragement, emboldened to tell the jury his views upon as many irrelevant topics as possible; while his real qualifications are kept studiously in the back ground. Should he, perchance, prove a capable and well informed witness, he is usually reluctant to testify, for he realizes fully that his very knowledge will be turned against him. He will be sneered at as "scientific" and "impracticable"; and should his testimony inure to the prejudice of a cause, he is at once charged with partisanship, and upon this ground a heavy deduction is demanded from his veracity. An abundance of his less-favored brethern may usually be found, whose opinions on the stand differ widely from his; they seldom hesitate for a moment to consider what effect their conflicting and generally ill-considered testimony will have upon the crowd of listeners who make public opinion. In a leading Ohio case the Court delivered the following stinging commentary upon this prevalent, professional shortcoming: * * * * "In cases of medical jurisprudence whenever they (the medical witnesses) have enlisted on the side of either party, or of some favorite theory, and one portion of the profession is placed in array against the other, the difficulties are greatly multiplied, and however honest and renowned for professional character the witnesses may be, such will be the conflict of their testimony, in nine cases out of ten, it will be utterly unsafe for a jury or Court to follow or adopt the conclusions of either side.[*] Within the last generation, state after state has sprung into existence, and constitutions and codes have been bodied forth, intended to promote the life, liberty and happiness of their creators. Through their pages we seek vainly for more than a vague, casual reference to the medical expert. But a few years since, a science sprang into active life, and was wedded in its tenderest infancy to another science of kindred tendencies—Legal Medicine and Medical Expertism. This royal pair have been eagerly seized upon by the legal fraternity, and in their hands used with blighting effect upon the medical witness. The profession at large was not disturbed by this ominous conjunction, nor has their apathy been moved by the terrors of adverse counsel and cross-examination. A superior Judge, an able and observing lawyer, informed the writer that in his experience of bench and bar he had not found one physician in ten who understood the first principles of forensic medicine, or who came to the witness stand with any intelligent appreciation of the requirements of his position. The literature of medico-legal jurisprudence is abundant and choice, but its occurrence as a feature of medical libraries is confined almost exclusively to the vicinity of large urban populations. The county of Humboldt may be assumed as a fair sample of the entire State of California; and a careful examination of its libraries—legal and medical—discovered but one volume of legal medicine. An inquiry among physicians to the number of thirty, all graduates of respectable schools, developed the fact that they had neither time nor inclination for the study of anything so dry and abstruse. They had heard the subject mentioned at college, but that was all. Now, they must take their chances. If they should be required in Court, and get discredited, that would end their experience; they would never be called as experts again. Others were practicing with fathers, or uncles, who had followed their calling for years, ignorant of the very meaning of the term forensic medicine, and why not they? Still others, were lulled into fancied security by the remoteness of their field of labor, regardless of the possibility that a medical practitioner who thinks himself secure in the most retired corner of the kingdom, is liable to find himself suddenly summoned as a witness on a trial, to answer questions which, perhaps, during a long period of practice he had been led to regard as unimportant. Under the circumstances, it is scarcely possible that he can avoid exposing his deficiencies, and the final question will be, have you ever attended to or thought of these subjects before? A negative answer to this question will fatally discredit the witness, and may do irreparable damage to the cause for which he was called.* The consequences of omitting to cultivate "a faculty of minute observation of medical and moral circumstances," were forcibly brought home to us at a recent trial for assault, which received its final hearing before the Superior Court of Humboldt County. The injury was received in a livery stable, and the medical attendant, after stating on the witness stand that he could not remember whether the injured man was on the ground floor, or up in the loft, upon the occasion of his first visit, deposed further that the defendant informed him at the time of calling him that the patient had received a black eye, and that he was also getting over a big drunk. This statement from the man whose interest it was to minimize the amount of damage done, to the utmost, seems to have proved eminently satisfactory to the expert, who made no examination and asked no questions tending to elicit the facts of the case before him. A clearly marked case of concussion of the brain, whose etiology stood confessed, passed unnoticed, and the physician, after reaching the momentous conclusion that a dose of black draught might with propriety be administered, went his way, serenely oblivious of the existence of an ugly contusion fully three inches in length, involving the left parietal bone just over the ear. We will conclude his evidence from the Court records, the bracketed words being inserted as partially explanatory. "He (the defendant) told me that he (the injured party) had been drinking pretty heavily, and there was something said about his hitting him in the eye; I can't tell you what it was, because I did not pay much attention to it. It was out of my line of business, but the inference I drew was that he (the injured party) had been on a regular drunk, and that was the effect of it. I found him in a semi-unconscious condition; he was lying in a stupid condition, but on speaking to him he would rouse up and answer questions, but he would go back into a sort of stupor again." In answer to the question, did he have any bruises or injuries on his head, that you noticed (on your first visit)? "Not at that time, I did not. He had a black eye, a bruised eye." All this occurred on Thursday, and the witness thus completes his experience down to Saturday, when, thanks to the sluggishness of the cathartic—which roused his suspicions—and to the observation of a stable boy—who pointed out the lesion—the medical expert was happily enabled to complete his diagnosis: "It was on Saturday, the first I knew of his being hit. The medicine didn't work as I thought it ought to work on a man under the influence of liquor, and a man told me that he (the defendant) had hit him (the victim); of course, that accounted for the inactivity of the cathartic that I had given him. I found a discoloration of the skin, what you might call a settling of blood back of his (left) ear, but there was no fracture." A learned English Judge once remarked, that "a medical man, when he sees a dead body, should notice everything; and certainly one's observation should be no less stimulated in the presence of a traumatism, the outcome of which no one may foretell. It would be mere useless verbiage to comment on such testimony; suffice it to say that, had a fatal result ensued between Thursday and Saturday, while the diagnosis was incubating, it is more than probable that the defendant would have sought and found acquittal (aside from any question of provocation), upon the plea of death from defective and incompetent medical treatment, as the details of that treatment fell from the lips of the medical expert in Court. It may not be uninstructive at this juncture to define the actual status of the expert witness, as it has been determined in the last forty years by Bench, Bar, and Legislature. The question at issue, and it has provoked a wide range of discussion, seems to turn upon a misapprehension of the antithetical relations between "fact" and "opinion" evidence. One set of observers claims that the difference between these two classes of evidence is rather apparent than real; and as opinion is frequently predicated upon facts elicited by the expert himself, he is not, therefore, entitled to extra remuneration. The liberal school of thinkers, whose ranks have been largely augmented of late years, takes the opposite view, and holds that medical experts are really advisers or the Court, *amici curiae*, and as such are entitled to special consideration and remuneration. The two earliest decisions upon this question in the United States, flatly contradict each other; and with a refinement of irony, the same authorities are quoted as the basis of the conflicting opinions. In *ex parte* Dement,* the petitioner demanded release from the contempt which he had incurred in the lower Court, by refusing to testify in a murder case, unless specially remunerated. The judgment of the Court below was sustained. In Buchman *vs.* State,† the appellant had refused to testify in a rape case, unless tendered an extra compensation. He was adjudged guilty of contempt, but upon appeal to the Supreme Court, the judgment of the lower tribunal was reversed, and the opinion enunciated that the professional expert is legally and equitably entitled to extra compensation. "But once put upon the stand as a skilled witness, his (the physician's) obligation to the public now ceases, and he stands in the position of any professional man consulted in relation to a subject upon which his opinion is sought. It is evident that the skilled and professional experience of a man are so far his individual capital and property, that he cannot be compelled to bestow it gratuitously on any party. Neither the public, any more than any private person, have a right to extort services from him in the line of his profession without adequate compensation. On the witness' stand, pre-

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* The case was tried three times, the second jury disagreeing.

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[*] Clark *vs.* State, 12 Ohio. 483 ; 40 Am. Dec., 481, 1843.

[*] Evans *vs.* Knight, 1 Add., 209.

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* Taylor's Manual Medical Jurisprudence, 8th Am. Ed.

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* 53 Alabama.

† 59 Indiana.

cisely as in his office, his opinions may be given or withheld at pleasure, for a skilled witness cannot be compelled to give an opinion nor be committed for contempt if he refuses to do so.

As the result of the foregoing conclusions, it may be said that a witness who is called in a particular trade, has, before he is examined, a right to demand from the party calling him a compensation for his services ; for there is a wide distinction between a witness thus called and a witness who is called to depose to facts which he saw. This excerpt from "Jurisprudence of Medicine," by John Ordronaux, harmonizes with the latest Federal decision which has come to hand, in the United States *vs.* Howe.* This was a trial for murder, and a Dr. Bennett was called as an expert. Being sworn, he refused to testify, unless first paid a reasonable compensation. Judge Parker declined to commit him for contempt, "and held that there was a wide distinction between a witness called to depose to a matter of opinion depending upon his skill in a particular profession or trade, and a witness who is called to depose to facts which he saw. When he has facts within his knowledge, the public have a right to those facts, to be used in a Court of Justice in criminal or civil trials ; but that the skill and professional experience of a man are so far his individual capital and property, that he cannot be compelled to bestow them gratuitously upon any party ; that neither the public, any more than a private person, have a right to extort services from him in the line of his profession or trade without adequate compensation. That a physician cannot lawfully be compelled to testify as an expert to matters of medical science against his objections, unless first compensated by a reasonable fee, as for a professional opinion ;

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* Cent. Law Journal, 1881.

and his refusal to testify as to matters of medical science without such compensation, cannot be punished as a contempt." The prescriptive sentimentalism which has, from time immemorial, defended the pauper criminal at the expense of the luckless attorney, who was the appointee of the Court for that onerous and thankless task, has been ventilated by the opinion of the Court in Webb *vs.* Baird.* "The gratuitous defense of a pauper," said the Court, "is placed upon two grounds, viz., as an honorary duty, even as far back as the civil law; and as a statutory requirement. Honorary duties are hardly susceptible of enforcement in a Court of law. Besides, * * * the profession of the law was never much favored by special pecuniary emoluments; * * * and the reciprocal obligations of the profession to the body politic, are slender in proportion. * * * Its practitioners have no specific fees taxed by law * * * no special privileges or odious discriminations in their favor. Every voter who can find business, may practice on such terms as he contracts for. The practitioner, therefore, owes no honorary services to any other citizen, or to the public. The Constitution and Laws of the State go upon the just presumption that the public are discriminating enough in regard to qualifications. Every man having business in Court, is presumed to be as competent to select his legal adviser as he is to select his watchmaker or carpenter. The idea of one calling enjoying peculiar privileges, and therefore being more honorable than any other, is not congenial to our institutions. And that any class should be paid for their particular services in empty honors, is an obsolete idea, belonging to another age and to a state of society hostile to liberty and equal rights. The legal profession having been thus properly stripped of all its odious distinctions and peculiar emoluments, the public can no longer justly demand of that class of citizens any gratuitous services which would not be demandable of every other class. The law which requires gratuitous services from a particular class, in effect imposes a tax to that extent upon such class—clearly in violation of the fundamental law which provides for a uniform and equal rate of assessment and taxation upon all the citizens." The authorities above quoted, seem to be unanimous in the conviction that the expert is an entity in the witness box, and that his opinions are entitled to consideration as distinct from the ordinary testimony in the case. The mechanic and the philosopher: the laborer and the scientist; one deposes to a fact which came under his notice; the other lays under contribution the accumulated treasures of his observation, his judgment, and his experience, to facilitate and to correct the judgment of the Court. A complete and elaborate exposition of what might be termed the modern view of the expert question; of his responsibilities, duties and emoluments, is found in the case of The People *vs.* Montgomery,* where the district attorney had procured the services of Dr. Hammond, by the agreement to pay him five hundred dollars as an expert witness in the special department of mental disease. This was complained of as an irregularity, and the presiding judge delivered the opinion. "We do not see that the calling of Dr. Hammond as a witness, and the payment to him of a sufficient sum to secure his attendance at the Court during the trial, was in any respect an irregularity, or did any wrong to the prisoner. It seems to us that the district attorney was acting in the line of his duty as public prosecutor in securing the attendance of a proper medical witness of high repute to meet the distinguished medical experts, which he knew the prisoner expected to call on his side. He would have met the requirements of the subpœna if he had appeared in Court when he was required to testify and give impromptu answers to such questions as might have then been put to him in behalf of the people. He could not have been required, under process of subpœna, to examine the case, and to have used his skill and knowledge to enable him to give an opinion on any points of the case, nor to have attended during the whole trial and attentively considered and carefully heard all the testimony given on both sides, in order to qualify him to give a deliberate opinion on such testimony, as an expert, in respect to the question of the sanity of the prisoner."

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* 6th. Indiania.

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* 13 Abb. Pr. (N. S.), 207.

Must the Medical expert obey the ordinary subpœna? "A subpœna," says Chief Justice Riddle, "is a writ, wherein the State, commands the witness to appear and testify, not for the sake of plaintiff or defendant, either in a criminal or civil case, but for the investigation of truth and the adjudication of right."*

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* Dills *vs.* State, 59 Indiana, 1877.

(*To be Continued.*)

Benjamin Rush and American Psychiatry.

By CHARLES K. MILLS, M.D.,

PRESIDENT OF THE AMERICAN NEUROLOGICAL ASSOCIATION, ETC.

READ BEFORE THE MEDICO-LEGAL SOCIETY OF NEW YORK, DEC. 8, 1886.

Benjamin Rush and Isaac Ray are the two Americans, who have done most for Psychiatry, one of the great sciences which come within the scope of this Society. Until the year 1883 the only systematic American treatises on insanity, either in its medical or medico-legal relations, came from the pens of these two remarkable men. In this year, text-books on insanity were published by Dr. William A. Hammond and Dr. E. C. Spitzka, and since a third work has been issued by Dr. Edward C. Mann; but valuable as these works may be, Rush and Ray have not yet been supplanted, and, whatever the future may bring forth, they are not likely soon to be displaced as the two most striking figures in American psychological medicine.

Rush has been called the American Sydenham, first by Lettsom, who said of him that he approached if not exceeded, Sydenham in grandeur and compass of thought. By his American admirers and eulogists he has often been spoken of as the American Hippocrates. Hack Tuke† prefers to call him the American Fothergill, saying that he resembled Dr. Fothergill "in the independence of his medical practice; in acuteness of observation; in an enthusiastic love of the art of healing; in his incessant labor; in popularity as the leading physician of the day in a great city; but, above all, in uniting with the functions of a physician, the philanthropy which manifested itself in innumerable practical suggestions for the benefit of his kind, and in the daily exemplification of Terence's immortal axiom."

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* The Asclepiad, Oct. 1885. By Benjamin Ward Richardson.

Perhaps it is unjust to compare him with any one. He was a character, peculiar, striking, unique.

No exhaustive, thoroughly good biography of Rush has yet been written. In my search through Philadelphia libraries for material for the present Essay I found numerous biographical sketches of him, but many of them were short and imperfect in character, and most of them had evidently been manufactured one from the other. A Rush renaissance now seems to be imminent, and it is a strange commentary upon patriotism that the leaders in this movement are two Englishmen who have recently given us excellent biographical sketches. The first of these appeared in October, 1885, from the pen of Dr. Benjamin Ward Richardson, in his Asclepiad, a

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† The Insane in the United States and Canada. By D. Hack Tuke, M. D L. L. D., London, 1885.

Quarterly Journal written entirely by this able and versatile physician. This is a well written Essay in which Rush's position in medicine is carefully analyzed and asserted, and in which also attention is directed to his standing as patriot, politician, philanthropist, orator, teacher and man of letters. The second is contained in the recent Monograph of Tuke, from which I have already quoted. Tuke's discussion of Rush constitutes the first chapter of his book, which chapter is entitled "Early Lunacy Practice in America." In this he has sought to describe the early treatment of the insane medically and morally in the United States at a period in which Rush formed the central figure on the stage of medical practice. This Essay is the first serious attempt to fix Rush's position in American Psychiatry.

Let me first briefly recite the main incidents of Dr. Rush's useful and striking career :*

He was born in the Township of Byberry, about fourteen miles north-east of Philadelphia, December 24th, 1745. He died April 19th, 1813, leaving nine children. He was educated first at the Academy of his uncle, the Rev. Samuel Finley, of Nottingham, Maryland. He graduated at Princeton, New Jersey, in 1760, receiving the Degree of Bachelor of Arts before he had attained the age of fifteen years. He studied medicine for a short time with Drs. William Shippen and John Redman, of Philadelphia, and subsequently spent two years at the University of Edinburgh, where he graduated in 1768. After graduation he visited and attended the hospitals of London and Paris. On returning to Philadelphia in 1769, he was appointed Professor of Chemistry in the College of Philadelphia. In 1789, twenty years later, he was elected to the Chair of the Theory and Practice of Medicine, which had been vacated by the death of the distinguished Dr. John Morgan. In 1791, when forty-six years of age, the College of Philadelphia having been merged into the University of Pennsylvania, he was elected Professor of the Institutes and Practice of Medicine and Clinical Practice in the latter institution. In 1796, on the resignation of Dr. Adam Kuhn, he received the additional professorship of the Practice of Physic, which he held in connection with both of the other appointments just named. He remained actively engaged in the work of these offices up to the period of his death in 1813. He held also not a few public positions, some of which were medical. In April, 1777, he was elected by the Continental Congress Surgeon-General of the Hospitals in the Middle Department; and, in July of the same year, Physician-General, in place of Dr. Walter Jones, of Virginia. He was one of the signers of the Declaration of Independence; and, in 1787, was a member of the Convention for adopting the Constitution of the United States. He was for a time Port Physician of Philadelphia. For fourteen years before his death he was Treasurer of the United States Mint. He was President of the Society for the Abolition of Slavery; was one of the founders of Dickinson College at Carlisle, Pennsylvania, and in various ways was connected with many literary, religious and charitable institutions. In 1811 the Emperor of Russia sent him a gold ring in appreciation of his medical character.

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* The best of the biographical sketches of Rush, so far as I have had access to them, are as follows : Sander's biographical sketch, in the Lives of the Signers (of the Declaration of Independence) ; an Eulogium upon Benjamin Rush, M. D., by David Ramsay, M. D., member of the South Carolina Medical Society, 1813 ; Tribute to the Memory of the late Benjamin Rush, M. D., by D. Hosack, M. D., Philadelphia Medical Journal, Vol. VII., 1823, page 162 : The Character of Rush, an Introductory to the Theory and Practice of Medicine in the Philadelphia College of Medicine, by T. D. Mitchell, M. D., Philadelphia, 1848.

This sketch of his life is given for the sake of completeness, my chief concern on the present occasion being with his relations to psychiatry of which he was the pioneer in this country. First, in this connection, let us glance at his position as a teacher.

He set an example which unfortunately has not been followed (at least, not in Philadelphia, where my opportunities for observation are best)—that of delivering lectures upon diseases of the mind in the regular medical course of the University of Pennsylvania, the course upon which students are examined for graduation. It is certainly extraordinary that at the present day in nearly all of our great medical institutions systematic instruction in mental diseases forms no part of the compulsory *curriculum.* Let us hope that this state of affairs will not endure much longer, and let us do our part towards rehabilitating teaching in psychiatry so that it may hold again the position which was accorded to it by the illustrious subject of this Essay.

In Lecture I, of the volume of Sixteen Introductory Lectures to Courses of Lectures upon the Institute and Practice of Medicine, etc., published by Bradford & Inskeep, of Philadelphia, in 1811, Rush gives a Syllabus of his course of lectures upon Physiology, Pathology, Therapeutics and the Practice of Medicine. In the Syllabus of the course on Physiology, under the head of the nervous system and mind, he makes an elaborate enumeration of the subjects treated of in his discussion of the latter, as follows:

- Of the faculties and operations of the mind.
- History of the different opinions of the nature of the mind.
  - Of its faculties. These are,
  - Instinct,
  - Memory,
  - Imagination,
  - Understanding,
  - Will,
  - Passions and emotions,
  - Faith.
- Moral faculties in which are included what is called the moral sense—Conscience and the sense of Deity.
- Of taste.
- Of the operations of the mind. The principal of which after sensations are
  - Perception,
  - Association,
  - Judgment,
  - Reason,
  - Volition.
- Of genius, intuition and common sense.
- Of attention, reflection, contemplation and wit.
- Of consciousness.
- Of the manner in which the faculties of the mind are evolved.
- Of the faculties and operations of the human mind which distinguish them from those of brutes.
- Of the pleasures of the senses and of the mind, and of their proximate cause.
- Of the causes of sleep and dreams, and somnambulism.

In the Syllabus of the course on the Practice of Medicine, he makes the following subdivisions of Diseases of the Mind :

- The diseases of the mind which include
    - Seatou mania.
    - Allou mania.
    - General mania in its highly inflammatory state.
    - Manicula.
    - Manalgia.
    - Fatuity.
    - Defect and loss of memory.
    - Dreaming.
    - Phantasms.
    - Absence of mind.
    - Operations of the mind in a trance.
    - Fainting.
    - Asphixia.
- Diseases of the passions and the veneral appetite.
    - From love.
    - Fear.
    - Grief.
    - Anger.
    - Malice.
    - Envy.
    - Lust.
- Of the absence or torpor of the passions.
- Diseases of the moral faculties.

These Synopses indicate that Rush was in the habit of discussing at length, in his regular medical lectures, the nature, phenomena and diseases of the mind. Doubtless, his work on diseases of the mind, which was first published only a few months before his death, was the ripe fruit, not only of years of study and observation, but also of teaching.

This treatise is the Fifth Volume of his principal works in seven volumes. It is entitled *Medical Inquiries and Observations upon Diseases of the Mind*, and appeared first in 1812, passing through several editions. The edition in my own possession, the fourth, was published in 1830, and a fifth in 1835 ; but I have no knowledge of any later editions. I would that I had time to analyze this book as its merits deserve, but I can scarcely do more than glance at some of its salient features. I agree, as the result of my recent studies of Rush's works, with what Tuke says of him, namely, that so far as his position in psychiatry is concerned, citations from his writings fail to do him justice.

"I had almost said they do him injustice," says Tuke, "because it requires a study of the whole of his writings to convey a faithful picture of his opinions. It is true that if we take isolated passages from his work on Insanity, he appears to disadvantage; but a perusal of the whole, while it shows that he was not free from some of the strange notions then prevalent in regard to the treatment of the insane, leaves the conviction upon the mind of the reader that he was an original observer, a humanely intentioned, and in many instances a successful physician of the insane."

According to Dr. Thos. D. Mitchell, one of Rush's eulogists, the charge of plagiarism was preferred against him and by some one especially with reference to his book on Diseases of the Mind. Mitchell quotes the remark of a Dr. Francis of New York, who said that during his casual attendance on the lectures of Prof. Brown of Edinburgh, he was highly gratified to hear the successor of Dugald Stewart affirm that Rush's work on Diseases of the Mind was full of instruction and exhibited great originality. It needs no examination of the testimony as to this matter, to convince any one familiar with Rush's treatise, of the injustice of this charge. Even though much of his material, and some of his methods of arrangement, and views as to nomenclature, etc., may have been drawn from the lectures or works of others, on almost every page he gives facts and cases from his daily experience, and even his old facts have been brought together from many sources. In this treatise we see Rush, the doctor, considering the nature and pathology of madness and its causes physical, mental and moral; spreading before us a luxury of illustrations of its manifold forms and phases; naming, defining, and classifying it in a manner striking and original; dwelling carefully upon its diagnosis and prognosis, and, above all, going into elaborate detail as to its management and treatment.

He begins by an analysis of the Mind, whose faculties according to him are understanding, memory, imagination, passions, the principles of faith, will, the moral faculty, conscience, and the sense of the Deity, and whose principal operations, after sensation, are perception, association, judgment, reasoning and volition All subordinate operations, such as attention, reflection, etc., he regards as nothing but modifications of these five principal operations. Rejecting the abdominal viscera, the nerves, and the mind as the primary seat of madness, he holds that this is in the blood vessels of the brain; although he does not confine the predisposition to it exclusively to them, but believes that it extends to the nerves, and that part of the brain which is the seat of the mind, both of which when preternaturally excited communicate more promptly deranged action to the cerebral vessels.

It will be seen that his analysis of the mind, particularly in its moral relations, was more elaborate than that of his predecessors or of most of those who have followed him. He seems to have held to the doctrine, which long retained its grip upon the profession as well as the people at large, that the mind was seated in some particular portion of the brain, his belief in this view cropping out in many places in his works.

Dividing diseases of the mind into *partial* and *general intellectual derangement*, he defines partial derangement as consisting in error in opinion and conduct upon some one subject only, with soundness of mind upon all or nearly all other subjects. He invents the term *Tristmania*, or the madness of .sadness, which I cannot but regard as an expressive term for at least some of the varieties of alienation included under it by Rush. He used it chiefly in the sense in which hypochondria, hypochondriacal melancholia, or melancholia are now used.

Under Anemomania, or the second form of partial intellectual derangement, he includes a form of madness which he regards as a higher grade of hypochondriasis, and often succeeding it. A study of his illustration shows that he places here some of the cases which today would be considered under Monomania or Paranoia. General intellectual derangement he divides into three grades or states: (1.) Mania, the tonic madness of some writers, the mania furibunda of Van Swieten; probably covering both the acute delirious mania and common acute mania of most recent authorities; (2.) Manicula, or madness in a reduced and most commonly in a chronic state ; this corresponding to chronic mania and some of the secondary insanities ; (3.) Manalgia or that state of general madness in which a universal torpor takes place in mind and body.

Manalgia would seem, from some of the illustrative cases, to correspond in some of its instances to either stuporous melancholia or stuporous dementia. He mentions a patient who sat with his body bent forward for three years without moving except when compelled by force, or the calls of nature ; and another who occupied a spot in a ward, an entry, or in a hospital yard, where he appeared more like a statue than a man. He says, however, of the persons affected with Manalgia that when at liberty they rather seek for than shun human society ; and he brings forward Edgar in King Lear as counterfeiting this state of derangement. In the confusion of the description of Manalgia we see one of the failings of Rush as a teacher of Psychiatry, if we regard him from the standpoint of our present light. He confounds two entirely distinct forms of insanity, one of them not a variety of mania. We must remember, however, that we have made many advances in differentiating, if not in closely classifying, since his day.

One of the forms of intellectual madness he prefers to call *Dissociation*—like *Tristimania*, clinically at least, an exceedingly appropriate name. It is the *demence* or *dimance* of Pinel, its victims : those whom the Scotch speak of as having "a bee in their bonnets;" who in England or in the United States are said to have "a kink in their head," or to be "flighty," or "hair-brained," or "a little cracked."

> "It consists not in false perceptions like the worst grade of madness, but of an association of unrelated perceptions or ideas, from the inability of the mind to perform the operations of judgment and reason. The perceptions are generally excited by sensible subjects; but ideas collected together without order, frequently constitute a paroxysm of the disease. It is always accompanied with great volubility of speech, or with bodily gestures, performed wtth a kind of convulsive rapidity. We rarely meet with this disease in hospitals, but there is scarcely a city, a village or a country place that does not furnish one or more instances of it."

He treats of affections of the will, and here he again leads his generation and forecasts the later work of Ribot and others. The will, according to him, is affected by disease in two ways.

> (1.) "When it acts without a motive, by a kind of involuntary power. Exactly the same thing takes place in this disease of the will, that occurs when the arm or the foot is moved convulsively without an act of the will, and often in spite of it. The understanding in this convulsed state of the will is in a sound state, and all its operations are performed in a regular manner.
>
> (2.) "It is subject to such a degree of debility and torpor as to lose al sensibility through the stimulus of motives, and to become incapable of acting freely or from necessity. Here Rush places those individuals who have no will of their own."

Under Derangement in the Principle of Faith, or the Believing Faculty, he considers persons who believe and report everything they hear, who are incapable of comparing dates and circumstances, and tell stories of the most improbable and incongruous nature, sometimes propagating stories that are probable but false, and thus deceiving their friends and the public. His Fatuity corresponds to our secondary dementia.

Dreaming, Incubus, or Nightmare, and Somnambulism, Illusions, Revery or Absence of Mind and Derangement of the Passions are other separate forms of insanity considered by him.

He discusses also, in a separate chapter, the morbid state of the sexual appetite, and in another and final chapter he considers at some length derangement of the moral faculty. Of his views on this subject, I will speak more fully later.

Rush's writings and particularly his treatise on diseases of the mind, abound in classical and poetical illustration. Homer and Shakespeare are not infrequently called upon. In speaking of erroneous perceptions as symptoms of mania he illustrates by the character of Ajax in the tragedy of Sophocles. Ajax becomes mad, in consequence of Ulysses being preferred to him in the competition for the arms of Achilles, and in one of his paroxysms of madness, he runs into the field and slays a number of shepherds and their cattle under a belief that they were Agamemnon, Menelaus, and others, who had been the instruments of his dishonor. Afterwards he brings a number of cattle to his tent, and among them a large ram, which he puts to death for his rival and antagonist Ulysses. In commenting, Rush remarks that Ajax could not have fancied a large ram to be Ulysses, had not his image from a former impression of his person upon his brain pre-existed in his mind. I cite this illustration simply to show Rush's method of using classical illustrations. King Lear is a favorite play with him, and the words of

Lear and of Edgar are used to enforce his views. Mr. Merry, Mr. Cowper, and good old Dr. Burton, are other favorites.

Rush shows a tendency to invent terms descriptive of some minor forms or subdivisions of insanity. When, according to his view, mania is combined with phrenitis, the affection is *Phrenimania.* When it is combined with burning, sweating, cold, chilly intermitting, and even hydrophobic states of fever, "as," he says, "the pulse in this mixture of mania and common fever is generally synochus, I have called it *Synocho mania.*" In his essay upon the *Influenee of Physical Causes upon the Moral Faculty*, he describes the partial or weakened action of the moral faculty as Micronomia; and the total absence of this faculty as *Anomia.*

Whether we accord or disagree with Rush's views on the treatment of the insane, many of them have the merit of novelty and great interest. He enters upon his discussion of treatment with a clearly defined method. "Before we proceed to mention the remedies for mania, or the highest grade of general madness," he says, "it will be necessary to mention the means for establishing a complete government over patients afflicted with it, and thus, by securing their obedience, respect, and affections, to enable a physician to apply his remedy with ease, certainty and success." His first recommendation, full of wisdom, is to remove the patient from his family, and from the society of persons he has been accustomed to command, to a place where he will be prevented from injuring himself and others. He lays great stress upon the use of the eye, voice, and countenance in governing a deranged patient, recommending, among other things, to catch the patient's eye and look him out of countenance. Uniform dignity, acts of justice and a strict regard to truth on the part of the physician; a rendering to patients of respect and all ceremonies due to their former rank and habits; acts of kindness, as small presents of fruit or sweet cake, are among the measures given by him the first place.

Turning to his view upon restraint, we find that he was a believer in mechanical restraint, as was almost everybody in his day; but let him be judged as to this matter with a full recognition of the state of public and professional opinion in his time. When other means have failed, recourse, he says, should be had to coercion.

He was the inventor of a remarkable appliance called "tranquilizer," a form of restraint chair.

I show the members of the Society a picture of this "Tranquilizer." This is found in a medical journal conducted by John Redman Coxe, M. D.—*The Philadelphia Medical Museum*, New Series, Vol. I, 1811, page 169. It is a wonderfully constructed restraint chair, which in our day would be regarded as an instrument of torture, rather than one of humanity; yet it is evident, from the following letter written by Rush to the Journal, in explanation of his apparatus, that he was actuated in inventing it by most humane motives.

SEPT. 5th, 1810.

" *Dear Sir.*—In attending the maniacal patients in the Pennsylvania Hospital, I have long seen with pain the evils of confining them, when ungovernable, by means of what is called the mad shirt, or straight waistcoat. It generally reduces them to a recumbent posture, which never fails to increase their disease. In this state they often lie whole days and nights, and sometimes in a situation which delicacy forbids me to mention. The straight waistcoat moreover, renders it impracticable to feel their pulses, or to bleed them, without taking off the greatest part of it. To obviate these evils, and at the same time to retain all the benefits of coercion, I requested by permission of the sitting managers of the hospital, Mr. Benjamin Lindall, an ingenious cabinet-maker in this city, to make for the benefit of the maniacal patients, a strong arm-chair, with several appropriate peculiarities, as noticed in the drawing, which I have herewith sent you for your Museum. From its design and effects I have called it a Tranquilizer."

Rush then proceeds to show the advantages of his Tranquilizer over the straight waistcoat, and subjoins letters from two of the medical officers of the hospital, Dr. Van Dyke and Mr. Moore, who had faithfully attended to its effects upon a number of maniacal patients. The latter of these two gentlemen, somewhat after the manner of the modern clinial reporter, gives brief histories of several selected cases in which the Tranquilizer was used, with what he regarded as favorable results.

Rush also interested himself in inventing a rotatory machine which he called the "gyrator," for the treatment of insanity. It was a modification of a famous rotatory machine invented by Dr. Coxe.

In discussing the treatment of manalgia, under the head of exercise, he says that this should consist of swinging, see-saw, and an exercise discovered by Dr. Coxe, "which promises more than either of them, and that is, subjecting the patient to a rotary motion, so as to give a centrifugal direction of the blood towards the brain. He tells us he has cured eight persons of torpid madness by this mode of exercise. I have contrived a machine for this purpose in our hospital, which produces the same effects upon the body which are mentioned by Dr. Coxe. These are vertigo and nausea, and a general perspiration. I have called it the Gyrator. It would be more perfect, did it permit the head to be placed at a greater distance from its centre of motion. It produces great changes in the pulse." Certainly we need not wonder that it did this.

Pouring cold water under the coat sleeves, so that it might descend under the armpits and down the trunk of the body; a shower bath continued for fifteen or twenty minutes; and a resort to the fear of death, are other remarkable measures recommended by him, at which we scarcely know whether to smile or to recoil.

For madness as for many other affections blood letting was with him a frequent resort. Is it not possible that we have recoiled too far in our treatment of active insanity from the lancet methods of Rush?

In the use of bleeding in mania he gives the following rules: "It should be copious on the first attack of the disease. * * * * It should be continued not only while any of those states of morbid action in the pulse remain which require bleeding in other diseases, but during symptoms which indicate a highly morbid state of the brain. * * * * It should be more copious in phrenemania and synchromania, than in simple madness. * * * * It should be less copious in madness from drunkenness, than from any other causes. * * * * It is indicated no less in the seventh and eighth form of mania, than in those which preceded them. * * * * The quantity of blood drawn should be greater than in any organic disease."

Other remedies recommended are purges, blisters, cupping, leeches and arteriotomy performed upon the temporal artery; also solitude, darkness in the first stage of the disease, an erect position of the body, and a low diet consisting wholly of vegetables and those of the least nutritious nature. Of salivation he says, too much cannot be said in its favor in general madness. Peruvian bark is another favorite. Opium he believes to have been always used with bad effects; and digitalis and camphor are more liable to do harm than good, though he has occasionally administered the former in tonic madness. I cannot forbear quoting some of his remarks with reference to the use of cold in the form of air, water and ice, which contain many sage suggestions as to measures which to-day are beginning again to hold first place in the treatment of some forms of insanity.

"Cold in the form of air, water and ice should be applied both partially and generally. To favor its partial action the hair should be cut off, and shaved from every part of the head. * * * * Cold air, by its action upon the whole body, has likewise done service in this state of madness. I have heard of two instances in which it was cured by the patients escaping from their keepers in the evening, and passing a night in the open air in the middle of winter. One of them relapsed ; in the other the cure was permanent. * * * * Cold water should be applied to the head and the whole body. * * * * The advantage of cold applications to the head will be much increased by placing the feet at the same time in warm water. The circulation is thereby promptly equalized. * * * * In order to derive benefit from the application of cold water to the whole body, it should be immersed in it for several hours, by which means we prevent the reaction of the system, and thus render the sedative effects of the water permanent. Pumping for an hour or two on the patient acts in the same way. * * * * The shower bath acts upon the head by the stimulus arising from the weight and momentum of the water, and by the reaction of the blood vessels after the sedative effects of the water are over."

Remedies for Hypochondriasis, or Tristimania, are arranged under two classes, such as are intended to act directly upon the body, and such as are intended to act indirectly upon the body, through the medium of the mind.

First come, under those intended to act directly upon the body, blood-letting, purges, emetics, a reduced diet. He says : After reducing the action of the blood vessels to a par of debility with the nervous system, or to borrow an illustration from a mechanical art, after plumbing the system, the remedies should consist of the following : Stimulating drinks and medicines ; the warm bath, applied in the form of water or vapor, and rendered more stimulating, if necessary, by the addition of saline or aromatic substances ; the cold bath, which should not be used until the system is prepared by the previous use of the warm bath ; frictions to the trunk of the body and limbs ; exercise, labor especially in the open air ; the excitement of pain, salivations, blisters and issues.

Of remedies which act on the body through the medium of the mind, some of his recommendations are as foolish as others are wise. Thus he says : "The first thing to be done by a physician is to treat the disease in a serious manner. However erroneous a patient's opinion of his case may be, his disease is a real one ;" and, *per contra*, is the following : "Cures of patients who suppose themselves to be made of glass, may be easily performed by pulling a chair upon which they are about to sit from under them, and afterwards showing them a large collection of pieces of glass as the fragments of their bodies."

In discussing these remedies he makes some interesting observations. The first remedy, he tells us, is to divert the ruling passion or subject which occupies the mind, if it be one, and fix it upon some others ; and again, he asserts that a sudden sense of the absurdity, folly, or cruelty of certain actions, produced by conversation, has sometimes cured madness ; and also that it has been cured by the influence of the place, time and company, on the human mind. The following are some of his recommendations and suggestions :

> "Great care should be taken by a physician to suit his conversation to the different and varying states of the minds of his patients. In the furious state they should never be contradicted ; in the second grade they should be diverted. When they are upon the recovery, we may use reasoning, contradiction and even ridicule. * * * * The return of regularity and order in the operations of the mind will be much aided by obliging mad people to read in an audible voice, to copy manuscript, and to commit interesting passages from books to memory. * * * * Terror acts powerfully on the body through the medium of the mind, and should be employed in the cure of madness. * * * * Fear accompanied with shame and a sense of pain, has sometimes cured this disease. * * * * Convalescents from derangement should be defended from the terrifying or distressing noises of patients in a raving state, by removing them to lodges remote from the Hospital. A relapse has often been induced by neglect of this caution."

This is a wise suggestion for the establishment of convalescent cottages or hospitals, a subject which has been much agitated in recent years.

Total abstinence from food is recommended in the treatment of some cases of insanity, basing this upon the fact that in India, wild elephants when taken, are always tamed by depriving them of food until they are greatly emaciated.

Labor, occupation, amusement, exercise, and all, or nearly all, of those forms of treatment which are now regarded as of the highest value by the most competent alienists, will be found to have been advocated by Rush in his treatise. At various places in his work he lays great stress upon the moral or the psychical treatment of insanity. Under derangements of the passions, he speaks of the remedies for grief, as physical and moral; and while he says to enumerate the latter would be foreign to the design of his inquiries, as they belong to another profession, he glances at them without separating them from those that are of a physical nature. How wholesome is advice like the following! "The persons afflicted with grief should be carried from the room in which their relations have died, nor should they ever see their bodies afterwards. They should by no means be permitted to follow them to the grave." Among remedies for fear, he mentions just opinions of the Divine government, and of the relations we sustain to the great author of our being. "The fear which is excited by darkness," he says, "may easily be overcome by a proper method of education in early life."

That, in spite of his formidable tranquillizer and gyrator, and his recommendations to douche with cold water and inflict pain, Rush was actuated by humane motives and a progressive spirit is abundantly evidenced by a study of his writings and a knowledge of his labors professional and public. In Chapter VIII of his treatise, in concluding his discussion of General Intellectual madness, he thus eloquently discourses upon the subject of the improvements which have been made, and the further advances which should be accomplished in the care and treatment of the unfortunate insane:

> "In reviewing the slender and adequate means that have been employed for ameliorating the condition of mad people, we are led further to lamant the slower progress of humanity in its efforts to relieve them, than any other class of the afflicted children of men. For many centuries they have been treated like criminals, or shunned like beasts of prey; or, if visited, it has only been for the purposes of inhuman curiosity and amusement. Even the ties of consanguinity have been dissolved by the walls of a mad house, and sons and brothers have sometimes languished or sauntered away their lives within them without once hearing the accents of a kindred voice. Happily these times of cruelty to this class of our fellow creatures, and insensibility to their sufferings, are now passing away. In Great Britain a humane revolution, dictated by modern improvemenns in the science of the mind, as well as of medicine, has taken place in the receptacles of mad people, more especially in those that are of a private nature. A similar change has taken place in the Pennsylvania Hospital, under the direction of its present managers, in the condition of the deranged subjects of their care. The clanking of chains, and the noise of the whip, are no longer heard in their cells. They now taste of the blessings of air, and light and motion, in pleasant and shaded walks in summer, and in spacious entries, warmed by stoves, in winter, in both of which the sexes are separated and alike protected from the eye of the visitors of the hospital. In consequence of these advantages, they have recovered the human figure, and, with it, their long forgotten relationship to their friends and the public. Much, however, remains yet to be done for their comfort and relief. To animate us in filling up the measure of kindness which has been solicited for them, let us recollect the greatness of its object. It is not to feed nor clothe the body, not yet to cure one of its common diseases; it is to restore the disjointed or debilitated faculties of the mind of a fellow creature to their natural order and offices, and to revive in him the knowledge of himself, his family and his God."

In November, 1789, Rush wrote a letter, to the managers of the Pennsylvania Hospital, which has been exhumed from the archives of that institution, and published by Dr. Thos. G. Morton.* In this letter he pro-

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* Reminiscences of Early Hospital Days. Philadelphia Medical Times, Vol. XV, p. 472, December 26, 1885.

The following furnished to me through the courtesy of Dr. Thomas G. Morton, is a posed certain plans for the amelioration of the condition of the insane, and called attention to the improper manner in which they were provided for at the Pennsylvania Hospital. "These apartments," he says, "are damp in summer and warm in winter. They are, moreover, so constructed as not to admit readily of a change of air, hence the smell of them is both offensive and unwholesome." The appropriating of the cells any longer for the reception of mad people, he continues, will be dishonorable to the science and humanity of the city of Philadelphia.

Rush advocated the founding of institutions for the care and cure of unfortunate dipsomaniacs." He

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copy of a certificate for the admission of an Insane patient into the Pennsylvannia Hospital, signed by Rush :

Philadelphia, Decemr. 6, 1805

I have seen A——— C——— ——— and examined his case, and find he is afflicted with mania and that is a proper patient for the Pennsylvania Hospital.

To the Sitting Managers, viz.: } Benjn. Rush.

A——— C——— being admitted a patient into the Pennsylvania Hospital at my request, I do hereby promise to provide him with at least two shirts and other clothing, sufficient and suitable for his use while there; to pay to William Johnson Steward of the said Hospital, or to his successor in office, Three dollars per week for board, during his continuance there; to cause him to be removed when discharged; and to pay the expense of his burial, if he dies there.

Witness my hand, the 6 day Decr., 1805.
ELLIS YARNALL.

Admit A——— C———, a patient into the Pennsylvania Hospital.
To Wm. Johnson, Steward.
Laurence Sichel.

says: "To the account of physical remedies for drunkenness, I shall add one more, and that is the establishment of a hospital in every city and town in the United States, for the exclusive reception of hard drinkers. They are as much objects of public humanity and charity as mad people." He describes the guards and checks which should be placed to prevent abuse in permitting individuals to such institutions, and also says that in the institution he would not allow the use of tobacco or ardent spirits.

The large space which Rush gives in his treatise to the consideration of treatment, helps to throw some light upon his cast of mind. He devotes 38 pages to the treatment of Hypochondriasis or Tristimania; 39 to Mania; 20 to Manalgia; 8 to Derangement of Memory, and in the same proportion to other subjects. Somewhere in the course of my reading in the preparation of this paper, it is remarked that it was difficult for him to look upon any disease as incurable. He had faith in his art, and when diseases were not cured by his own ministrations or the ministrations of others, he was inclined to believe that this was because the proper remedy was not discovered, rather than that the remedy did not exist. To our eyes at the present day, his chapters on Treatment, seem to be a curious commingling of good sense and absurdity; of humanity and inhumanity; of the practical and speculative; but we must remember always the day in which the book was written, and the ideas which then prevailed.

Scattered through Rush's miscellaneous writings will be found frequent references, allusions, inferences and facts which show that he always kept prominently before him the mental and metaphysical aspects of medicine. I could give many illustrations of this, but a few will suffice.

In Volume I of his *Medical Inquiries and Observations*, in an Essay entitled an *Inquiry into the Natural History of Medicine among the North American Indians*, he remarks, that after much inquiry he has not been able to find a single instance of fatuity among the Indians, and but a few instances of melancholy and madness. In the same paper he tells us that the hysterics and hypochondriac diseases once peculiar to the chambers of the great, are now found in our kitchens and workshops, and that all these diseases have been produced by our having deserted the simple diet and manners of our ancestors. In an account of the *Influence of the Military and Political Events of the American Revolution on the Human Body*, he says: "The political events of the Revolution produced upon its enemies different effects. The hypochondriasis of Dr. Cullen occurred in many instances. In some the terror and distress of the Revolution brought on true melancholia." In *Observations on the Duties of a Physician and the Methods of Improving Medicine*, he discusses the influence of the will. His essay entitled *An Account of the State of the Body and Mind in Old Age; with Observations on its Diseases, Delusions and their Remedies*, is a most valuable paper. Tuke speaks of it as possessing lasting value, and as exibiting that acute observation of the small as well as the large circumstances of life in health and disease which so strikingly characterize this physician. In it he speaks of the fact that he has not met with a single instance of an octogenarian whose descendants were not also long-lived. In an *Account of the Billious Yellow Fever of* 1793, an essay highly lauded by Richardson, he makes the following statement: "From a hope that I might escape the disease by avoiding everything that might excite it into action, I carefully avoided the heat of the sun, and the coldness of the evening air. I likewise avoided yielding to everything that could raise or depress the passions. But at such times the events which influence the state of the body and mind are no more under our command than the winds or weather."

The titles of many of his papers show their tendency. In his *Essays, Literary, Moral and Philosipical*, are found the following, among other subjects: A Plan for Establishing Public Schools in Pennsylvania, and for Conducting Education Agreeably to a Republican Form of Government. Addressed to the Citizens of Pennsylvania, in the year 1786.—Of the Mode of Education Proper in a Republic.—Observations

Upon the Study of the Latin and Greek Languages, as a Branch of Liberal Education, with Hints of a Plan of Liberal Instruction, without them, Accommodated to the Present State of Society, Manners and Government of the United States.—Thoughts Upon the Amusements and Punishments which are proper for Schools. Addressed to George Clymer, Esq.—Thoughts Upon Female Education, Accommodated to the Present State of Society, Manners, and Government in the United States of America. Addressed to the Visitors of the Young Ladies' Academy of Philadelphia, July 28th, 1787, at the Close of the Quarterly Examination, and afterwards Published at the Request of the Visitors —An Inquiry into the Effects of Public Punishments upon Criminals, and Upon Society, read in the Society for Promoting Political Inquiries, Convened at the House of Benjamin Franklin, Esq., in Philadelphia, March 9th, 1787.—An Inquiry into the Consistency of the Punishment of Murder by Death, with Reason and Revelation.

In his *Sixteen Introductory Lectures*, we have the following subjects discussed : On the Necessary Connection between Observation and Reasoning in Medicine. Delivered November 7th, 1791.—On the Influence of Physical Causes in Promoting an Increase of the Strength and Activity of the Intellectual Faculties. Delivered November 18th, 1799.—The Utility of a Knowledge of the Faculties and Operations of the Human Mind to a Physician. Delivered November 21st, 1805.

He was an advocate of female education in the best sense of the word. He might be said to have been a pioneer in the cause of higher female education. "Let the ladies of a country," he says, "be educated properly, and they will not only make and administer its laws, but form its manners and character."

Dr. Richardson properly describes his Essay on the *Influence of* Physical Causes on the Moral Faculty, read before the American Philosophical Society, in 1886, as a splendid oration.

"Dr. Rush," says one of his biographers, "was among the foremost, if not the very first, to recommend labor and solitary confinement in place of capital punishment, and he ougut to be regarded as one of the earliest reformers of the harsh and cruel system of criminal jurisprudence, which has so long found favor in the country of our ancestors.

"Early aware of the pernicious effects of the use of ardent spirits, Dr. Rush was not backward in pointing them out to his fellow citizens, in a small tract for popular use in the year 1791. In his medical lectures and writings, he also laid great merited stress on the immense mischief done by the common practice of physicians prescribing spirituous tinctures and infusions for so large a tribe of diseases. He showed that these things were often decidedly injurious at the time, and still worse—laid the foundation for a love of spirituous drinks, which degenerated into confirmed habits of drunkenness. The enormity of the practice of physicians prescribing, and of the people so generally using ardent spirits, was first pointed out by Dr. Rush, in language so clear and arguments so forcible, as to leave little to be added in the accumulated testimony of the same nature which every year brings, by those who have come after him."

In volume one of his Medical Inquiries and Observations is found an inquiry into the effects of ardent spirits upon the human body and mind, with an account of the means of preventing and of the remedies for curing them, an able and elaborate essay, in three parts, the last of which is concerned with a discussion of the remedies for the evils which are brought on by the excessive use of distilled spirits.

Against the use of tobacco Rush also raised his voice and exerted his pen.

A genuine curiosity of literature is a paper by Rush on the species of Phobia. This brochure I found (in a collection of pamphlets presented by James Rush, M. D.), in the Ridgway branch of the Philadelphia Library. "Dr. Cullen," says Rush, "has divided Hydrophobia into two species. The principal species is that disease which is communicated by the bite of a mad animal, but which is accompanied with a dread of the water. Without detracting from the merit of Dr. Cullen, I cannot help thinking that the genus of the disease which he has named Hydrophobia should have been Phobia, and that the number and names of the species should have been taken from the names of the objects of fear and aversion. In conformity to this idea, I shall define Phobia to be 'a fear of an imaginary evil, or an undue fear of a real one.'"

He then proceeds to enumerate the different species of Phobia, eighteen in all—cat-phobia, rat-phobia, insect-phobia, odor-phobia, dirt-phobia, rum-phobia, water-phobia, solo-phobia, power-phobia, faction-phobia, want-phobia, doctor-phobia, blood-phobia, thunder-phobia, home-phobia, church-phobia, ghost-phobia and death-phobia.

Of cat-phobia, he says: "This distemper is very prevalent. I have known gentlemen of unquestionable courage, who have retreated a thousand times from the sight of a cat. * * * * Rat-phobia is a more common disease than the first mentioned; it is peculiar in some measure to the female sex. * * * * Insect-phobia is a disease peculiar to the female sex. A spider, a flea, or even a mosquito, alighting upon a lady's neck has often produced a hysterical fit. Yet," says the pious Doctor, "certain ladies will dare provoke even Omnipotence to arms" by irreverently taking His name in vain in common conversation.

His remarks on odor-phobia, dirt phobia, water-phobia, solo-phobia, want-phobia and thunder-phobia seem to forecast the monomanias of Westphal, Beard, Hammond and others. "Odor phobia," he says, "is a very frequent disease with all classes of people. There are some smells that produce paleness and tremor; hence, it is not always a figure to say that there are persons who 'die of a rose in aromatic pain.' * * * * Dirt-phobia is a disease peculiar to certain ladies, especially some of Dutch extraction. They make everybody miserable with their excessive cleanliness; the whole of their lives in one continued warfare with dirt—their houses are constantly obstructed with tubs, buckets and scrubbing brushes. I heard of a woman who sat in her kitchen least she should dirty her parlor * * * * Water-phobia is not the dread of swallowing but of crossing water. Peter the Great had this disease in early life. A variety of the species of water-phobia is an aversion for drinking water observed in some men, without a similar dislike to artificial liquids. * * * * Solo-phobia is the dread of being alone. This distemper is peculiar to persons with vacant minds and guilty consciences. * * * * Want-phobia is confined to old people, like the father of Tristam Shandy, who wiped the sweat from his face and examined both sides of a guinea before he paid it out. * * * * Thunder-phobia is common to all ages and both sexes; it has been known to produce the most distressing emotions in many people."

His remarks on some of the Phobias have in them a vein of inimitable humor and sarcasm. Thus he speaks of rum-phobia, doctor-phobia and church-phobia, as follows:

"Rum-phobia is a very rare distemper. I have known but five instances of it in the course of my life. * * * Doctor-phobia is complicated with other diseases. It arises often from the dread of taking physic, or of submitting to the remedies of blistering and bleeding. It might be supposed to be caused by the terror of a long bill, but this excites terror in few minds, for who ever thinks of paying a doctor's bill while he can use his money to advantage another way? Doctor-phobia generally goes off as soon as the patient is sensible of his danger. * * * Church-phobia. This disease has become an epidemic in the city of Philadelphia, hence we see half the city flying in chariots, phætons, chairs and even stage wagons, as well as on horseback, from the churches in summer as soon as they are opened for Divine worship. In winter they drown their fear of church in plentiful entertainments.

"For these maladies of the mind," he concludes, "There are two infallible remedies, viz., reason and religion. The former is the sure antidote for such of them as originate in folly, while the latter is effectual in the whole species which are derived from vice. 'I fear my God,' said Pascal, 'therefore I have no other fear.' A belief in God's providence, and a constant reliance upon His power and goodness, impart a composure and firmness to the mind which render it incapable of being moved by all the real or imaginary evils of life."

In a similar strain, in a later number of the same magazine, Rush considers the different species of mania which prevail in America.

Of Negro-mania, he says that it prevailed in the Eastern and Middle, but it is now confined to the Southern States; of land-mania, that it is a frequent disease in every part of America—a room in a gaol instead of a hospital is a cure for this mania; of horse-mania, that a race, a carriage or a riding horse are often an object of greater attraction to persons afflicted with this mania than a wife or a mistress; of liberty-mania, that it is a disease which shows itself in visionary ideas of liberty and government. * * * Monarchical-mania is when people believe that a king can do no wrong. * * * Republican-mania is when a man attempts to introduce a Republican form of government when the people are not prepared for it by virtue and knowledge. * * * Donation mania is when people impoverish their families by extravagant contributions to public undertakings. * * * He discourses also on military mania, duelling-mania, hunting-mania and gaming-mania. Machine-mania, he asserts, has ruined people by castle buiding of all sorts; while alchemical mania has lessened much during the last thirteen years, and virtuoso-mania includes an extravagant fondness for the monstrous and rare productions of nature and art. Of ecclesiastical-mania, he caustically remarks that it includes bigots of all descriptions; and of humane-mania, that it is strange that an excess of humanity should often cause a sort of madness. Rambling-mania, national-mania, love-mania, pride-mania, dress-mania, pleasure-mania, rogue-mania, musical-mania, poetical-mania and mathematical-manias likewise all receive his attention. "How great," he concludes, "are our obligations to Christianity, which by enlightening, directing and regulating our judgments, wills, and passions in the knowledge, choice and pursuit of duty, truth, and interest restores us to what the Apostle very emphatically calls 'a sound mind.'"

Although the aspects of insanity which most concern the practicing physician received from most attention from Rush, he has not left us without some medico-legal views. Here and there throughout his work on

Diseases of the Mind, and his miscellaneous writings, medico-legal opinions are advanced incidentally, as, for example, in considering derangement of the moral faculties.

He devotes Lecture XVI of his Volume of Introductory Lectures to the Study oi Medical Jurisprudence. After enumerating the subjects of medical jurisprudence in general, he selects for particular discussion those states of the mind which should incapacitate a man to dispose of his property, or to bear witness in a Court of Justice; and those which should exempt him from punishment for the commission of what are called crimes by the laws of our Country.

Brief reference to the main points of this Lecture may not prove uninteresting. He attributes intellectual derangement to three causes: To acute inflammation of the brain called phrenitis or phrensy; to chronic inflammation of the brain, called mania or madness; and to delirium, which is a symptom only of general disease of the blood vessels, or of some part of the body connected by sympathy with the brain. His conclusions are, that in no stage of phrensy is a person in a condition to dispose of property or contract legal guilt of any kind; that in madness, when it is general, or in its intervals, when these occur after weekly or even monthly paroxyisms of madness, the person is not in a condition to dispose of property or to contract legal guilt; and the same is true where persons depart in their feelings, conversation, and conduct in a great degree from their former habits.

> He asserts a curious opinion, and relates an interesting story, with reference to the importance of the pulse. The pulse he holds, with few exceptions, is more frequent in madness than in health. The knowledge of this fact has been applied with success in the administration of the criminal law of the United States. One of the two men who were condemned to die for treason, committed against the General Government in the western counties of Pennsylvania in the year 1794, was said to have lost his reason after sentence of death had been pronounced upon him. A physician was consulted upon his case, who declared his madness to be feigned. General Washington, then President of the United States, directed a consultation of Physicians upon his case. Dr. Shippen, Dr. Samuel P. Griffits and myself were appointed for that purpose. The man spoke coherently upon several subjects, and for a while the state of his mind appeared doubtful. I suggested the propriety of examining his pulse. It was more frequent by twenty strokes in a minute than in a healthy state of body and mind. Dr. Shippen ascribed this to fear. I then requested that the pulse of his companion, in guilt and in fear, might be felt. It was perfectly natural in frequency and force. This discovery induced us to unite in a certificate, that the man, who was only supposed to be mad, was really so; in consequence of which his execution, as well as that of his companion, was suspended for two months, in which time the popular clamor for their lives so far subsided, that they were both pardoned by the executive of the United States.

He also considers those morbid states of the mind in which individuals should *not* be considered as incapable of disposing of property or committing crime, which are, according to him—(1.) Where the mind is deranged upon one subject only; (2.) The state of mind called "dimance" in France; (3.) In general weakness of intellect bordering upon fatuity; (4.) That state of mind in which there exists a weakness or partial loss of memory.

He gives sage advice as to the making of wills, and advises that a patient should never be suffered to die who has a right and who is in a condition to make a will without informing his friends and suggesting to them the propriety of his performing the act. He advises that physicians should make a note immediately afterward of the state of mind of the patient who has made a will, as it may be months, or even years, before he may be called upon to testify. He expresses his belief that all those states of mind that forbid perpersons disposing of their property and exempt them from punishment from criminal acts should also preclude them from being witnesses in a Court of Justice. Here he puts habitual drunkenness in addition to deranged states of the mind.

Certainly these are all wise opinions and suggestions.

He differentiates delirium from madness as follows: "Delirium is attended with remissions or intermissions, in which the mind suddenly recovers its natural and healthy state. In delirium there is generally the absence of muscular action. In madness there is often great muscular excitement. In delirium the eyes are generally the channels of false perception to the mind. In madness the ears principally deceive the patient; hence the reason why they so often talk to themselves. The appetite is suspended in delirium. This is rarely the case in madness. Scarcely anything is remembered of what passes in delirium. Nearly everything is remembered of what passes in the second or moderate grades of madness after a recovery from it."

He discusses moral derangement, which, he says, discovers itself in the commission of certain crimes, but under circumstances that should not expose to the punishments usually connected with them. His definition of moral derangement is that state of the mind in which the passions act involuntarily through the instrumentality of the will without any disease of the understanding. He gives the circumstances which have been observed in persons who commit murder, or, rather, take away life, under the influence of a morbid state of the will.

> He believes in Kleptomania as a disease. "I have thus delivered the history of derangement of the will," he says, "when its involuntary exercises tend only to the taking away of life. But it sometimes discovers itself in another way: that is, in acts of theft. We now and then read or hear of persons who cannot go into a house without feeling an inclination to take away something that is not their own, and when an opportunity of secrecy offers, of yielding to it."

In closing this Lecture he enters his protest against the infliction of the punishment of death in all cases whatever.

> "There is a sure and infallible method of obviating this objection, and that is, to abolish the punishment of death in all cases whatever, even for the crime of deliberate murder itself. Yes, I say again for the crime of deliberate murder itself. It is to be lamented that the most palpable contradictions exist in the principles and conduct of mankind upon this subject. We bestow much study and great labor in restoring the wandering reason of our fellow creatures, but we neglect their erring hearts. We erect splendid commodious buildings to confine persons, whom intellectual derangement has rendered dangerous to society, and we employ our skill and humanity to relieve them : but with an unmerciful impatience, we consign persons whom moral derangement has rendered mischievous, to the exterminating axe and halter."

Rush had views far in advance of his time on the subject of the so-called Moral Insanity. In his Inquiry into the Influence of Physicial Causes upon the Moral Faculty, he speaks of the moral faculty as that which has been regarded by other authors as the moral sense of Dr. Hutchison, the sympathy of Dr. Adam Smith, the moral instinct of Rousseau, and the light that lighteth every man that cometh into the world of St. John. He adopts the term moral faculty from Dr. Beattie. In a very ingenious and interesting manner he proceeds to show first the effects of physicial causes upon the memory, the imagination and the judgment, at the same time pointing out the analogy between their operation upon the intellectual faculties of the mind and the moral faculties. A number of comparisons are given, some of them really more ingenious than forcible; many of them are, however, to the point, and logical.

In treating of the total want of memory, imagination and judgment, either from an original defect in the stamina of the brain, or from the influence of physicial causes, and showing that the same unnatural defect is sometimes observed, and probably from the same causes of a moral faculty, he draws from the Memoirs of the Duke of Sully the character of the celebrated Servin who appears to have been an instance of the total absence of the moral faculty while the chasm produced by his defects seems to have been filled up by a more than a common extension of every other power of the mind. He repeats from Sully the history of this prodigy of vice and knowledge.

As this paper is not intended to be simply a eulogy of Rush, I would be unjust to my subject did I not at least briefly refer to some of his faults as a teacher and writer in the field of Psychiatry. Judging him even from the standard of his own time he was not without faults; and these, as discoverable in his medico-psychological writings, are probably the same as are to be found in his writings in general.

He is often discursive and sometimes inconsequential;

his tendency is to expand and multiply rather than to condense and critically classify, although he is inclined to arrange and classify after his own manner. He does not always sift and closely study the facts which he has brought together in such great abundance. He seems sometimes to be led away by opportunities for rhetorical and oratorical display. His love and knowledge of general literature, particularly his acquaintanceship with the poets, lead him sometimes to force a quotation for the sake rather of the literary effects than for scientific exposition.

At the meeting of the American Medical Association held in Washington in 1883 a movement was set on foot to erect a monument to Rush at the National Capital. A committee was appointed to solicit subscriptions and enlist the interest of the medical profession and the public at large. The officers of this committee are Albert L. Gihon, M. D., of Washington, Chairman; George H. Rohe, M. D., Secretary, and Joseph M. Toner, M. D., Treasurer. The last circular issued by this committee states that the project has already met with unqualified approbation from every part of the country. This society and all individuals and associations interested in the elevation of medico-legal science should come to the assistance of the movement to honor the illustrious subject of my address this evening. Few men have deserved better of their country. Certainly no physician is worthy of a higher place in the affections of his countrymen.

"Let it be remembered," says Staughton, one of

Rush's biographers, "that Professor Rush owed none of his eminence to the diminutiveness of the talents of his associates. He was great in the midst of greatness. In the medical department of a University, where anatomy is made familiar by the promptness of nomenclature, the accuracy of demonstration, and the charms of physiology—where in surgery the lectures exhibit an informing simplicity, and the knife attempts with success everything but miracle—where the *materia medica*, botany, and natural history are presented with the attractions which reading and judgment, genius and eloquence supply—where chemistry and the remaining parts of a medical education are taught with correctness, respectability, and effect—Dr. Rush maintained his elevation. Like a primal fixed star, amid the hosts of Heaven, he shone with a lustre wholly his own."

Mental Epilepsy.*

By L. W. Baker, M. D.

Sup't Family Home for Nervous Diseases, Baldwinville, Mass.

It is a well known fact that mental deterioration or derangement is one of the most frequent results of epilepsy. Indeed, we seldom meet with a patient suffering from this disease in whom close examination will not reveal some degree of intellectual impairment. Of the 532 epileptics examined by Ecchiverria mental failure was evident in 70.3 %, and of this number 26 % exhibited attacks of mania lasting from a few moments to several days or weeks.

The amount of mental failure varies greatly in different individuals, and is not always dependant upon the duration of the disease, although the liability of its occurrence is greatest when the attacks commence during early childhood.

As a rule, epileptics are very impressible, disinclined to exertion, capricious in their tastes and feelings, and quick to take offence at slight causes. Even if the mental impairment is but slight, the finer sensibilities are usually blunted, and they are often careless in regard to their personal appearance, and indifferent in their observance of the proprieties of life, while vicious and criminal propensities are not infrequently present, rendering the individual unfit to mingle in society or unsafe to be permitted outside of asylum walls.

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*Read before the Medico-Legal Society Dec. 8, 1886.

It is not my purpose at this time to discuss that form of mental degredation most frequently met with, known as Epileptic Dementia. I prefer rather to briefly call attention to those rarer forms of epilepsy in which the patients are subject to periodical attacks of mental disturbance during which the most peculiar actions may be performed, or the most atrocious crimes committed. Some of the most revolting and purposeless murders in the annals of crime have been perpetrated by patients during an attack of mental epilepsy. This form of derangement is, therefore, of interest from a medico-legal point of view.

Those mental disturbances in epileptics, which I shall briefly consider, occur—

(1.) In the beginning of an attack.

(2.) After an attack.

(3.) In the intervals between the attacks, or in place of a convulsive seizure.

Occasionally an epileptic paroxysm of greater or less severity is ushered in by an attack of furious mania during which the patient may be so destructive and homicidal as to require strong restraint to prevent violence to property or person. After a varying interval of time this maniacal period terminates in one or more convulsive seizures, and when these have passed the p[illegible] [illegible] helplessness. [illegible] longer intervals, and at [illegible], after repeated and urgent mental condition, which usually continues until the occurrence of another paroxysm. In most of these cases there is no warning whatever, the attack is sudden in its onset, and the patient may do violence to others before assistance can be obtained. The suddenness of these attacks, like lightning from a clear sky, renders these patients difficult and dangerous to deal with, and unsafe to be at large in the community.

There is, however, another class in which the patients are, for days before an attack, peevish, impulsive, and very irritable. These may at times commit acts of violence upon the slightest provocation, but such acts are due rather to an outburst of temper than to an attack of real epileptic mania. They are conscious of what they are doing, but easily lose their self-control, become enraged, and sometimes plead in excuse that "they cannot help it."

Maniacal outbreaks, preceding an epileptic convulsion, are, it seems to me, to be considered as the initial effect of the central discharge; they form the earliest manifestation of the epileptic paroxysm. The mental centres in these cases are first affected, the motor centres afterwards becoming involved with the resulting convulsion. These mental disturbances are analogous to the feelings of alarm or terror so often experienced by epileptics, or to that indescribable dreamy feeling which these patients often complain of, and which was especially marked in one of my patients in whom it pre-

their personal app [illegible] vulsive attack.

which a psychical aura pre-

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*Read before the Medico-Legal Society Dec.

ceded the convulsion, in 10 of which there was an emotion and in 15 an idea. " Just as different bodily derangements," says Falret; "may precede by a few minutes or a few hours, so the convulsive attacks of epilepsy, may be preceded either immediately, or at a greater or less distance, by different disorders of mind or temper."

In Brain for July, 1883, Dr. Chas. Mercier reports a most interesting case, in which the convulsions were preceded by a peculiar mental condition. "At the outset of every batch of fits, the first noticeable occurrence usually is, that the patient becomes captious and irritable, quarreling with all her neighbors without reasonable provocation. When questioned at this time she answers defiantly and insultingly, in a manner quite alien from her usual demeanor. At the same time, or soon after, she begins to complain of pain, often definitely localized in the side or shoulder blade, or epigastrum, and later of "horrible feelings" in her head and chest, and all over her. The look of distress that her face has borne hitherto, now deepens into an expression of mingled sulky ferocity and anguish ; and as time goes on, the latter expression predominates and the former fades out. Next she becomes taciturn, answers impatiently and indistinctly—her articulation is first slovenly and then decidedly defective She appears overwhelmed with unutterable languor, her limbs are flaccid, and her attitude one of limp helplessness. Her answers come at longer and longer intervals, and at length are elicited only after repeated and urgent questioning, and she no longer looks at you when she speaks. Her expression becomes more agonized, but has added an increasing look of vacancy, and at length a definite strabismus appears, marking the period when answers can no longer be obtained, although a trifling movement of the lips, or a faint gesture of despair shows, that consciousness is not altogether lost, when this stage is reached the onset of convulsions is not far distant, indeed it may be said to have already begun, for upon examination at this stage the hands and forearms will be found to be somewhat rigid. * * * *

All these occurrences point with converging indication to a gradual obliteration of the central functions, progressing from the highest downwards; and it is difficult to see what possible origin this obliteration could have, other than a gradual discharge. Yet there was no convulsion to indicate such a discharge. Guarding myself against too dogmatic an interpretation, I would ask if this absence of convulsion may not fairly be ascribed to the extremely deliberate and gradual escape of the liberated energy? That it was very deliberate, is shown by the fact, that it took many hours and even days to reach the same degree that is reached in an ordinary epileptic fit in a few seconds. That it was very gradual every observation showed, for no sign of definite stages was ever observed. * * * * It does not, therefore, appear to be claiming too much to suppose that the whole available surface of energy in the central centres may ooze gradual away, without giving rise to any convulsive phenomena whatever, and may thus leave the lower centres uncontrolled and free to indulge in the most rampant excess of action. * * * The importance of the view here advocated is this, that if it be adopted it may lead to the explanation of those numerous cases in which maniacal attacks precede the fits in cases of epilepsy—cases which have always been obstacles in the way of adopting the hypothesis of Loss of Control."

Another case recorded by Ball, is that of an ecclesiastic, whose convulsive attacks occurred two or three times a month. Each period was preceded for eight or ten days by a melancholic delirium, in which ideas of persecution and hallucinations of hearing were present. Then would follow the convulsive paroxysm and several days of hebetude, after which he would enter upon a period of inexpressible self-satisfaction. This would last for a fortnight, to be succeeded by a state of melancholia and convulsions.

Sometimes peculiar paroxysmal sensations precede for months an outbreak of convulsions in an individual who has previously been free from them. These may be the only indications of epilepsy and are variously described by patients as "reveries," "thinkings," "forgetfulness," &c., there is a momentary confusion of ideas without any convulsive action whatever. That these cases are epileptic is shown by their future history, when undoubted epileptic attacks made their appearance, being then immediately preceded by the same peculiar mental phenomena. Morel remarks that "The epileptic neurosis may exist for a considerable period in an undeveloped or masked form, showing itself, not by convulsions, but by periodic attacks of mania or by manifestations of extreme moral perversion, which are apt to be thought willful viciousness. But they are not; no moral influence will touch them; they depend upon a morbid physical condition; which can only have a physical cure, and they get their explanation, and indeed, justification, afterwards when actual epilepsy occurs."

In another class of cases an epileptic attack is succeeded, after a varying interval of time, by a greater or less degree of mental disturbance. The mental condition following an epileptic seizure varies greatly in different individuals, while the acts performed are often of the most complex nature, indeed, it is sometimes difficult to convince one's self that they are not intentional and under the control of the will. Gowers relates a case of a carman who would drive through the most crowded parts of London without accident for an hour after an attack and retain no recollection of it afterwards, while Dr. Radcliffe knew a young lady who was capable, while in this state, of playing the most difficult music without mistake.

This class may exhibit every degree of mental disturbance, from a dazed stupid appearance, to the most complicated automatic actions, and the wildest acts of maniacal fury. These phenomena are of an automatic nature and are probably due to loss of control of the highest centers over other centers just below them. "The condition" says J. Hughlings Jackson, is duplex

(1) there is loss or defect of consciousness, and there is (2) mental automatism. In other words, there is (1) loss of control *permitting* (2) increased automatic action.''

Attacks of epileptic mania occur most frequently in this class of cases and the annals of crime abound in examples of violence committed by epileptics after a convulsive seizure, but it is also important to remember that post epileptic phenomena are very liable to occur after the slighter seizures, and unless close attention is paid, the preceding attack may be entirely overlooked. It is possible for a patient to have slight nocturnal attacks for a long time without detection which may be followed by otherwise unaccountable actions, their recognition, therefore, is often of the utmost importance as explanatory of many obscure medico legal cases. I have but little doubt that many cases of so-called transitory mania properly come under this head, the slight seizures to which the patient was subject, having entirely escaped observation. The diagnosis of mania transitoria should not be made until a careful research into the patient's past history has eliminated all possibility of the presence of epilepsey. These diseases resemble each other in their sudden outbreaks of blind fury, in the absence of a clear recollection of the morbid period, and in being generally concluded by a deep sleep.

In a third class of cases the transient or prolonged outbreaks of mental disturbance have no immediate connection with either slight or severe epileptic attacks, they occur independently of either, and often in the intervals between the severer seizures. At times they seem to occur in place of a convulsion, then constituting its psychical equivalent. In these cases there is evidently a convulsion of ideas rather than a convulsion of muscles, the mental centers alone apparently being affected.

This form of masked or larvated epilepsy has been described by Morel and Falret as characterized by wild outbursts of maniacal excitement without contemporaneous convulsion. Of course in some instances these mental disturbances are really post epileptic in character, the preceding slight seizure having escaped observation, but other undoubted examples occur in which the discharge is purely mental and has no immediate relation to any other epileptic manifestation.

(*To be continued.*)

Transactions of Societies.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF PROF. ISAAC LOUIS PEET.

The regular monthly meeting of the Medico-Legal Society was held at Cooper Institute, Wednesday evening, September 15th, 1886, the President, Dr. Isaac Louis Peet in the chair.

The Minutes of the last meeting were read,and on motion of Dr. Bradley were corrected so as to read as proof sheet of same to be published in the September number of the Journal, which was read at the meeting. After such correction they were approved.

Mr. Bell submitted the modified contract between the Medico-Legal Journal Association and the Medico-Legal Society, together with the action of the Executive Committe approving the same, and directing its execution.

The President then introduced William J. Mann, Esq., who read an interesting paper on "Testamentary Capacity." The paper was discussed by the President, Dr. Ed. Bradley, Mr. Clark Bell, and Mr. A. C. Butts. A vote of thanks was tendered Mr. Mann, the reader of the paper, by the Society.

On motion of Mr. A. C. Butts, the Society extended an invitation to Dr. Ed. Bradley to read a paper before it at a future time.

Mr. Bell then read an interesting report on the classification of Mental Diseases made by him to the Society of Mental Medicine of Belgium, accompanied by the transactions of the conference of alienists and publicists held at Saratoga, September 8th, 1886.

Mr. Bell made appropriate remarks on the death of John D. Coughlin, a former member of this Society. The Society then adjourned.

ARTHUR C. BUTTS.
Assistant Secretary.

OCTOBER MEETING.

The regular monthly meeting of the Medico-Legal Society was held at 574 Fifth avenue, Wednesday evening, October 13th, 1886, the President, Dr. Isaac Lewis Peet in the Chair.

The Minutes of the last meeting were read, and after correction approved.

The President presented to the Society a paper on the trial and conviction of a defendant charged with murder, upon the testimony of an uneducated deaf mute, together with the opinion of the Appellant Court reversing said conviction. The paper was discussed by the President, Mr. Clark Bell, and the Assistant Secretaries.

The Society then adjourned.

ARTHUR C. BUTTS,
Assistant Secretary.

REGULAR MEETING, held November 10, 1886, Dr. ISAAC LOUIS PEET, President, in the chair. Minutes of October meeting read, amended, and approved as amended.

On report of the Executive Committee, Dr. Mary Weeks Burnett, of Chicago, was elected an active member on Mr. Clark Bell's nomination.

Mr. A. C. Butts announced the death of Hon. B. A. Willis, an active member, and made remarks in support of resolutions expressing the regret of the society at its loss, which were unanimously adopted as follows:

The Medico-Legal Society having been informed of the death of the Hon. Benjamin A. Willis at the City of New York, on the 22d day of October, 1886, therefore, be it

Resolved, That we deeply deplore the death of Mr. Willis, and hereby record that untimely event as a loss to this community, of an upright, patriotic citizen, and to our Society, a conspicuous and honored member.

Resolved, That these resolutions be spread upon the minutes, and a copy thereof transmitted to the widow of the deceased.

Contributions to the Library were announced by Mr. Clark Bell:

The Paper of the Evening, entitled "THE EXPERT IN COURT AND LEGISLATURE," by Dr. Nelson S. Giberson, of San Francisco, Cal., was read by Mr. CLARK BELL, in the absence of its author.

This paper was discussed by Mr. Clark Bell, Mr. A. C. Butts and the President.

Mr. Bell announced that Dr. Chas. K. Mills, of Philadelphia, would read a paper on "RUSH AND RAY" at the December meeting.

Nominations of officers for the ensuing year were made as follows: Mr. Bell nominated Dr. PEET for President. Dr. PEET returned thanks for the honor, but declined to accept the office for another term, and nominated Mr. CLARK BELL for that office, who declined the office, on account of the onerous duties of editor of the Journal, besides preferring to have a medical man hold the position, and nominated Dr. JOHN M. CARNOCHAN for President; Dr. MCCREERY nominated Dr. STEPHEN SMITH, M. D.; Dr. PEET nominated Mr. A. C. BUTTS for President. The following nominations were also made:

For 1st Vice-President—Mr. CLARK BELL.
For 2d Vice-President—Dr. A. H. SMITH.
For Treasurer—Dr. S. N. LEO.
For Secretary—ALBERT BACH, Esq.
For Corresponding Secretary—Mr. MORITZ ELLINGER.
For Assistant Secretary—Mr. CLARK B. AUGUSTINE and Mr. A. C. BUTTS.
For Curator and Pathologist—Dr. TH. H. KELLOGG and Dr. E. H. M. SELL.
For Chemist—Dr. CHAS. A. DOREMUS.
For Librarian—Dr. CHAS. F. STILLMAN.
For Trustees, Long Term—WM. G. DAVIES, Esq.
" " " " Dr. J. O. BRONSON.
" " Vacancy—SIMON STERNE, Esq.
" " " Dr. FERD C. VALENTINE.
" " " Dr. WM. F. HOLCOMBE.
For Permanent Commission, Long Term—CLARK BELL, Prof. R O. DOREMUS.
For Permanent Commission, Vacancy—D. C. CALVIN, Esq., Dr. R. L. PARSONS, Dr. J. J. O'DEA.

It was moved and carried that the President appoint a Committee of Arrangements for the Annual Banquet, which he requested time to do, after the session.

It was moved and carried unanimously, that the Annual Meeting be held on second Wednesday of December, at 7:30 P. M., at such place as the Executive Committee should determine, to enable an early adjournment for the Annual Banquet.

A. C. BUTTS,
Assistant Secretary.

The following gentlemen were subsequently designated as Committee of Arrangements for the Annual Banquet by the President, and the Hotel Buckingham as the place for the Annual Meeting:

Chairman, Clark Bell, Esq.

Medical.	*Legal.*
Dr. J. O. Bronson,	Judge Wm. H. Arnoux,
Jno. M. Carnochan, M. D.,	Albert Bach, Esq.,
Prof. R. O. Doremus,	Judge Miles Beach,
Dr. Wm. F. Holcombe,	Arthur C. Butts, Esq.,
Dr. S. N. Leo,	Hon. D. C. Calvin,
Dr. A. E. Macdonald,	Judge Charles Donohue,
Dr. E. C. Mann,	Wm. G. Davies, Esq.,
Dr. D. Matthews,	Hon. David Dudley Field,
Dr. S. B. McLeod,	Morris Ellinger, Esq.
Dr. M. J. B. Messemer,	Roger Foster, Esq.,
Dr. Chas. Milne,	Judge S. Burdette Hyatt,
Dr. R. J. O'Sullivan,	Judge Myer S. Isaacs,
Dr. J. J. O'Dea,	Richard B. Kimball, Esq.,
Dr. R. L. Parsons,	Hon. Jacob F. Miller,
Dr. Isaac Lewis Peet,	Judge David McAdam,
Dr. O. D. Pomeroy,	Hon. Luther R. Marsh,
Dr. Andrew H. Smith,	Judge Marcus Otterburg,
Prof. Stephen Smith,	Judge Calvin E. Pratt,
Dr. Charles F. Stillman,	Nelson Smith, Esq.,
Dr. J. Clarke Thomas.	Simon Sterne, Esq.

DECEMBER SESSION.

Annual meeting of the Medico-Legal Society was held at the Hotel Buckingham, December 8, 1886. The President. Prof. Isaac Louis Peet in the Chair. There was a large attendance of members, and among invited guests were Dr. A. Jacobi, President of the New York Academy of Medicine. Dr. Lawrence Johnson, President of the New York County Medical Society, Dr. W. Gill Wylie, President of the Bellevue Alumni Association, Dr. J. C. Shaw of Flatbush Asylum, Brooklyn, Dr. A. Wright, President of Society for Promoting the Welfare of the Insane, Mrs. Thomas, President of Sorosis of New York, Dr. E. M. Mosher of Brooklyn, Mrs. E. Archard Connor of the Associated Press, Mr. Abner C. Thomas and others.

The minutes of the November meeting were read and approved.

The President appointed as tellers to conduct the annual election: S. H. Randall, Esq., Wm. J. Lewis of Hartford, Conn. and A. S. Hammersly, Jr., to whom the assistant secretary delivered the ballots that he had received, who proceeded to count the same.

The assistant secretary stated that Chas. R. Allison and Geo. R. Phoebus, who had been elected more than three months, had recently qualified and recieved their election lists, and had voted. He moved that they be declared members, which was seconded by Dr. Ed. Bradley, and was carried unanimously. The assistant secretary stated that Dr. E. M. Fernandez, of New Orleans, La., had sent him a written request to deliver his election list and envelope to Mr. Clark Bell, to whom he had sent his ballot, and instructed him how he desired to vote, as there would not be sufficient time to mail and re-mail it to or from New Orleans.

That he had declined to deliver it as requested, and reported it to the Society. S. Hepburn, Jr., of Carlisle, Pa., moved that Mr. Clark Bell be instructed and authorized to cast the ballot forwarded to him by Dr. Fernandez, which after debate was carried, and Mr. Bell handed in the ballot of Dr. Fernandez.

Mr. Bell stated that Dr. Von Klein of Dayton, Ohio, had sent him an envelope containing his ticket, with a request that he vote the same for him at the election, and a similar request from Dr. Henry R. Styles of Brooklyn, who was unable to be present, as had several other members.

On motion of Dr. Bradley, Mr. Clark Bell, after discussion, was authorized to cast the ballots so sent him from these two gentlemen, and Mr. Bell handed in the ballots and voted the same. Mr. A. C. Butts moved that the tellers be instructed not to count the votes of Dr. Fernandez, Styles and Dr. Von Klein. Mr. Bell moved that this motion lie on the table, and as the hour was late, called for the previons question, which was on division ordered. The motion to lay Mr. Butts' motion on the table was then carried.

Contributions to the library were announced. On recommendation of the Executive Committee. Hon. Frank E. Beltzhoover was elected an active member, and Dr. L. W. Baker of Baldwinsville, Mass., and Dr. Nelson S. Giberson, of San Francisco were elected corresponding members.

The President then introduced Dr. Charles K. Mills, President of the American Neurological Association, who read a paper on "BENJAMIN RUSH, and his influence on AMERICAN PSYCHIATRY,"

Dr. L. W. BAKER of Baldwinsville, Mass., read a paper entitled "MENTAL EPILEPSY."

It was moved and carried that the report of the Treasurer, of the Board of Trustees, and of the Library Committee be submitted at the January meeting on account of the lateness of the hour, and the Annual Banquet to follow the session. The tellers reported that 49 votes had been cast. That the following officers had received a majority of all the votes cast, and were elected, viz.:

For President:
Mr. Clark Bell.
For First Vice-President:
John M. Carnochan, M. D.
For Second Vice-President:
Dr. A. H. Smith.
For Treasurer:
Dr. S. N. Leo.
For Secretary:
Albert Bach, Esq.
For Corresponding Secretary:
Mr. Moritz Ellinger.
For Assistant Secretary:
Mr. Clark B. Augustine.
For Curator and Pathologist:
Dr. Th. H. Kellogg.

For Chemist:
Dr. Chas. A. Doremus.
For Librarian:
Dr. Chas. F. Stillman.
For Trustee, Long Term:
Wm. E. Davies, Esq., and
Dr. J. O. Bronson.
For Permanent Commission, Long Term:
Clark Bell, Esq.
Prof. R. O. Roremus.
To fill Vacancy:
D. C. Calvin, Esq., and
R. L. Parson, M. D.

That for Trustees to fill vacancy, Dr. Ferdinand C. Valentine and Simon Sterne, Esq., had received twenty-two votes, and there was more than that number of blank ballots cast, so that there was no choice for the Trustees to fill the vacancies for Trustee. On motion, the report of the tellers was received. On proceeding to ballot for Trustees to fill the vacancy, Simon Stern, Esq., and Ferdinand C. Valentine, M. D., were unamimously elected.

The Chair then declared all of the foregoing officers duly elected.

The Committee on Publication of Series 3, Medico-Leagal papers, reported through Mr. Clark Bell that the volume was completed, and that the publishers had sent some copies to this meeting, to supply such subscribers as were at the meeting, and same were delivered to subscribers.

The Chairman of the Committee of Arrangements announced that the following sub-committee of arrangements, had been designated by the committee of arrangements who had the banquet in charge, which would occur at the close of the session.

CLARK BELL, Esq., Chairman and Treasurer,
ALBERT BACH, Secretary.

A. S. HAMMERSLY, Jr.,	J. CLARK THOMAS., M. D.,
S. H. RANDALL, Esq.,	LEICESTER HOLME, Esq.,
C. B. AUGUSTINE, Esq.,	M. J. B. MESSEMER, M. D.,
S. D. SEWARDS, Esq.,	CHAS. F. STILLMAN, M. D.

On motion, the meeting adjourned to hold the annual Banquet.

ALBERT BACH, Secretary.

THE ANNUAL BANQUET.

There was a large assembly at the annual banquet at the Hotel Buckingham. The President, Dr. Isaac Lewis Peet, presided, assisted by both vice-presidents, Clark Bell, Esq. and Andrew H. Smith, M. D.

The guests were seated at the various tables under the charge of the President and Vice-Presidents.

DR. CHARLES K. MILLS, President of the American Neurological Association responded for that body and for the Medical Jurisprudence Society of Philadelphia, of which he is a member.

DR. LAWRENCE JOHNSON for the New York County Medical Society. Dr. Ira Russell for the Mass. Medical Legal Society and for the New England Psychological Association.

D. W. GILL WYLIE for the Bellevue Alumni Association, of which he is the President.

DR. A. JACOBI, President of the New York Academy of Medicine was compelled to leave by professional duties before speaking as was also Judge Ernest Hall.

JUDGE J. BURDÈTTE HYATT, responded for the Bench. Mr. Nelson Smith for the BAR.

MR. CLARK BELL, President-elect, responded to a toast in his honor by the retiring President, Dr. Peet, and Mr. Bell introduced Mrs. Thomas, President of Sorosis, who made a brilliant and effective speech. Mrs. E. Archard Connor, who spoke for the Press; Dr. Amelia Wright, President of the Society for Promoting the Welfare of the Insane, and Dr. E. M. Mosher, lately connected with the Women's Prison System of Mass., all of whom spoke eloquently, and were received with great applause. Speeches were made by S. Hepburn, Jr., Dr. J. M. Carnochan, Mr. Taintor, Dr. R. L. Parsons, Dr. J. B. Lewis, Mr. Richard B. Kimball and others, the banquet was a very enjoyable one, the company sitting till a late hour. Letters of regret were read from Judges Noah Davis, Calvin E. Pratt, Benedict, Barrett, Sedgwick and Nehrbas; Drs. Fordyce Barker, Mary Putnam Jacobi, George B. Shattuck of Boston, Charles Phelps, A. E. Macdonald, W. W. Godding, of Washington, Emma W. Edwards, of Newark, James Hendric Lloyd, of Philadelphia, James Edwards, Superintendent, Middletown, Asylum, Conn., W. R. Birdsall, President of Neurological Society, R. J. Dunglison of Phil., H. A. Buttolph, of N. J., John J. Reese, Pres. Phil. Med. Jurisprudence Society, Henry Tuck, and from David Dudley Field, Henry R. Beekman, Miss Dodge and Mrs. Angnew, the newly appointed members of the Board of Education, Mr. Robinson, Pres't Alumni Association of Pa. University, Delancey Nicoll and others.

Representatives of the press and various professions and business interests were represented at the banquet.

MASS. MEDICO-LEGAL SOCIETY.

BOSTON MEDICAL LIBRARY ASSOCIATION.

October 6th, 1886.

The meeting was called to order at 12:30 P. M., by President Winsor. Present, eighteen members.

Records of the last meeting were read and approved; a letter from associate member, H. W. Chaplin, Esq., was read, advocating some movement toward regulation of medical expert testimony in the Courts of this Commonwealth.

Med. Exr. Draper made some remarks on what had been done in previous efforts, and moved that a committee of five be appointed to consider the subject of regulating medical expert testimony, and of obtaining legislation therefor.

On motion of Med. Exr. Holmes, this committee was increased to six, and the following members were chosen: President, Winsor, Chairman; Draper, Gleason and Holt, Associate, H. W. Chaplin, Esq., and T. H. Tindale, Esq.

The president acknowledged in behalf of the society, the receipt of Vol. VIII, Series 3 of the Transactions of the College of Physicians of Philadelphia.

Med. Exr. Holmes read a paper on the case of Carrie Whitney of Boston, found dead in his district. The ligamentum nuchae was ruptured, and Dr. Holmes believed that death was due to hemorrhage into the spinal canal and pressure on the cord. There was no mark of violence externally. The specimen was exhibited, and some discussion took place.

Med. Exr. Draper reported a case where the ligamentum nuchae was ruptured, with fracture of the transverse processes and separation of the spinous processes of the vertebrae. Death was due to spinal hemorrhage and pressure on the cord. The nature of the accident was known, though there was no mark of violence externally.

Med. Exr. Presbrey reported a case of spinal hemorrhage and death from a blow of the fist under the ear.

Cases more or less similiar to that of Dr. Holmes, were reported by various members.

Med. Exr. Tower reported a case of poisoning by two ounces of commercial hydrochloric acid, taken with suicidal intent. There was pain and vomiting and purging of blackish brown and bloody matters. The mucous membrane of the stomach was thoroughly cauterized, and was black in color.

Med. Exr. Adams reported the appearances of a case of alleged rape of a child 10 or 11 years old, and also narrated a case to show the fallibility of the sign of alcoholic odor in the breath in cases of alcohol poisoning.

Voted to adjourn.

W. H. Taylor,
Recording Secretary.

SOCIETY FOR PROMOTING THE WELFARE OF THE INSANE.

The Fourth Annual Meeting of the Society for Promoting the Welfare of the insane met Tuesday, Dec. 14, 1886, at 8 o'clock P.M., at the house of Mrs. Grannis, 33 East 22 St., New York City.

The Officers elected for 1887 were:

President: AMELIA WRIGHT, M.D.
221 West 34th St., N. Y. C.

Vice-President: 1st. EDWARD P. WILDER, ESQ.
2d. PHOEBE J. B. WAIT, M.D.
3d. MARY A. BRINKMAN, M.D.
4th. WILLIAM JENNINGS DEMOREST.

Secretary: M. EUGENIA BERRY,
33 East 22d St., N. Y. C.

Treasurer: MR. JAMES G. BRINKMAN.

Managers:

HENRY R. STILES, M.D.
EDWARD BAYARD, M.D.
EDMUND CARLETON, M.D.
MADAME DEMOREST.
MR. JOHN BOWNE.
MR. JOHN R. HOWARD.
MRS. E. P. WILDER.
MRS. E. B. GRANNIS.

The Secretary made her Annual Report, which was read and ordered on file. The Report of Clark Bell, Esq., international delegate, and transactions of Conference of Alienists, and representations of this Society and other bodies was submitted.

Reports of the various Committees were made. Remarks were made by many of the members. The meeting was largely attended.

M. EUGENIA BERRY,
Secretary.

Editorial.

QUALIFICATIONS OF MEDICAL MEN ON SANITARY SCIENCE.—It is a well known fact, that the great body of practising physicians, are as ignorant of sanitary science, as of mental and nervous diseases, or the technical knowledge of insanity. A physician holding a diploma as an M. D., is not, by reason of that fact, entitled to be sworn as a witness, in any matter involving a special knowledge of sanitary science, any more than he would for that reason be competent, to give an opinion as an expert in a lunacy case.

These facts should be recognized by both professions and by judicial tribunals. A Judge should not permit a witness to testify as an expert, until he is shown to be qualified in the science, concerning which he is to testify.

In Great Britain, the British Medico-Psychological Society has named a competent Commission to examine candidates for Superintendents and Assistants in Asylums, who require service in Insane Asylums for stated periods before they can take charge.

This is an excellent provision. If it were adopted in our States, what would become of those experts, so called, who never spend an hour in an Insane Asylum, some of whom set themselves up as experts, and even write treatises on subjects connected with the insane, who never had any charge of the insane, and are totally without experience in, or contact with the insane.

A society has just been formed in England of Medical Men qualified in Sanitary Science. Its objects are stated to be :

1. To obtain the registration of Sanitary Science qualifications, obtained after public examinations from the various Universities and Medical Corporations.

2. To obtain from sanitary authorities the recognition of the importance and value of such qualifications.

3. To promote legislation towards the accomplishment, of these purposes, and to advance sanitary science.

In the English Medical Act of 1886 this principle was recognized, on the suggestion of this society, which provides for a register of these diplomas.

In England, therefore, before a medical man can set up as an adviser, he must pass his examination and get his diploma for that science.

It might be well, for our lay boards, courts and authorities generally, to bear this subject in mind.

It is a common experience, we think, of most charitable and eleemosynary institutions, that their boards have blindly followed the advice of medical men on sanitary matters, without an inquiry as to how far the medical men, were competent to even have an opinion on such subjects.

We know one institution that had to tear out its whole system of plumbing, water closets and sewerage, because the medical men who superintended that branch of construction, were grossly ignorant of the first principles of sanitary science.

We presume most organizations, who trust to medical men who are not thus educated, have experienced a similar fate.

We should have an authorative legal test, which should compel any person, before setting himself up as an expert in any specialty, to pass a well defined thorough examination by a competent board, as well in sanitary affairs, as in mental diseases, and indeed in every branch of science requiring especial experience, skill and knowledge, for its mastery and thorough comprehension.

WOMEN AS SCHOOL COMMISSIONERS.—We are glad to praise Mayor Grace for his appointment of two women of education, culture and social position, upon the Board of Education.

This act is not novel, but it is new to New York City, particularly in that Board. It is a field of labor in which women, can be of great service to the city, in keeping up the standard of higher education in our public schools.

Not every woman of education. social position or attainments would succeed in this Board, but from all we can learn the selections made by the Mayor are admirable ones, and we shall watch with deep interest the result of a movement which, we trust, will be widely copied and followed in the public schools of the State and Nation.

Dr. PAUL GARNIER has been appointed to the place lately occupied by Dr. le Grand du Saulle, as Physician-in Chief to La Salpetriere.

Dr. MARCEL BRIAND has been appointed Physician-in-Chief to the Police Department, in place of Dr. Paul Garnier.

Dr. JULES VOISIN has been sent to the Salpetriere from the Bicetre.

Dr. E. C. SEGUIN, in a paper which appears in *Archives de Neurologie*, March, 1886, p. 213, contributes a list of forty cases of Hemianopsia of central origin, with autopsies, and a reference in each case, where the same is published, and reported.

It is a valuable table of reference upon this subject.

Dr. LENTZ, Secretary of the Society of Mental Medicine of Belgium, has been made General Inspector of the Insane Asylums of BELGIUM, in place of Dr. M. V. Oudart, deceased. This is a noteworthy recognition of the ability of Dr. Lentz, who has so long and ably represented the Asylum at TOURNAI, of which he has been Physician-in-Chief.

Apropos of Dr. LENTZ, we were in error in our last number, in stating that Dr. JULES MOREL, ex-President of the Belgian Society of Mental Medicine, was General Secretary of that body. in place of Dr. Ingels, deceased.

After the death of Dr. Ingels, the Belgian Society, upon the recommendation of Dr. Desguin, decided to divide the duties of its late *Secretairé Trésorièr*, Dr. Ingels, and to make a *General Secretary* who should be charged with editing the Bulletin, keeping the minutes of transactions, and conducting home and foreign correspondence, and an officer to be called *Secrétairè-Adjoint-Trésorièr*, who should have charge of the finances and other business of the body.

Dr. Lentz was chosen Secretary-General, and Dr. Jules Morel was chosen Secrétairè-Adjoint-Trésorièr.

Dr. ISAAC LOUIS PEET. The refusal of Dr. Peet to stand for the Presidency of the Medico Legal Society, was a surprise to the Society and to the many friends of Dr. Peet. We supposed, when nominating him, Dr.

Peet would give the Society the benefit of his rare experience for at least another year.

Dr. JENNIE McCOWEN, of Iowa, contributes to the September number of the Iowa State Medical Reporter, a very full report of the history and work, of the Antwerp Congress, on Classification of Mental Diseases, with the various classifications already submitted, and a resumé of the transactions of the Conference of Alienists, held at Saratoga in September last, and the report made thereon to the Belgian Society by Mr. Clark Bell, International Delegate for North America.

The same Journal republishes entire, with proper credit, the paper of Dr. ED. C. MANN, on the Medical Jurisprudence of Insanity, which appears in our June number.

NON-RESTRAINT OF THE INSANE.

We clip the following from the *Buffalo Express:* Prof. A. O. Wright, Secretary of Wisconsin State Board of Charities, respecting the State Hospital for the Insane at Mendota, Wisconsin, under the capable management of Dr. S. B. Buckmaster, as follows:

> "About two weeks ago (August 12, 1886) the institution was placed on the non-restraint basis. All mechanical restraint has been abolished. All crib beds have been either burnt up or made over into ordinary beds. Two or three have been left with the covers taken off, for the use of persons inclined to fall out of bed. All the muffs, straps, and other restraining apparatus have been collected and locked up out of the reach of the attendants.
>
> "Dr. Buckmaster says there has been no chemical restraint for a long time, and no increase of seclusion. He says that, in order to accomplish this result, he has to provide four additional attendants, one for each ward on which there were very troublesome patients. About six of the worst patients in each ward who had previously been in restraint frequently

were placed in a small sitting-room in each wing with two attendants with each set. These are kept busy taking care of them. Their removal from the ward makes the other patients more quiet. The extra cost comes to about $80 a month with the board of four attendants—a small expense for a great gain. * * * One ward on the man's side has open doors, and many patients are given the liberty of the grounds on parole. A great step has been made in advance, and Dr. Buckmaster deserves to be commended for it."

The foregoing is in cheerful contrast to the stories of gross abuses inflicted on patients in mad-houses conducted under the old system, which are again becoming numerous. Where the attendants are sharply supervised and the appliances for coercion and the drugs removed from their control, the best results in the recovery of patients may be looked for.

We are glad to notice this step taken by Dr. Buckmaster in Wisconsin, and hope to see it followed in every State of the Union. If Drs. Buckmaster, J. C. Shaw, Alice Bennett, W. B. Fletcher, Carlos F. Macdonald, and so many others, can successfully dispense with cribs and mechanical restraint, why should any superintendent hesitate to at least make the trial?

CLASSIFICATION OF MENTAL DISEASES.

Out of the large number of letters received by the Editor of this Journal, from distinguished Alienists and publicists whom he invited to attend the Conference at Saratoga, a few are given below, showing the interest in the work felt throughout the country.

TORONTO, ONT., Sept. 7, 1886.

To CLARK BELL, 57 Broadway, N. Y.:

Dr. Buck, Superintendent Asylum, London, and Dr. C. K. Clark, Assistant Superintendent Asylum, Kingston, are representatives named for the Ontario Medical Association, with whom please communicate.

J. E. WHITE,
Secretary Ontario Medical Association.

SHORT HILLS, N. J., Sept. 2, 1886.

CLARK BELL, Esq. :

Dear Sir.—I have to thank you for your favor of August 30, inviting me to attend a meeting at Saratoga on the 8th prox., of "Eminent Alienists, to agree upon a classification of mental diseases, in order to secure the best basis of international statistics of the insane."

While I regret that circumstances will prevent me from attending the meeting, I trust that the occasion will prove alike pleasant and profitable to all who may enjoy the opportunity ; also, that the results may be favorable to progress, in this department of professional and humane endeavor.

You will excuse me, however, for remarking that, in view of the wide difference of sentiment among physicians of this, also of other countries, in regard to the constitution of the mind, and its relation to the physiology of the brain, together with the present limited knowledge of the diseases of that organ, in their different stages from which mental diseases arise and are perpetuated, that it is easy to comprehend the inherent difficulties attending the satisfactory and useful classification of cases. We can also understand the strong tendency that exists to the acceptance of the merely mental symptoms, as a basis for this important work, notwithstanding their infinite variety and, often, misleading character.

With renewed thanks for your attention, I am very truly yours,

H. A. BUTTOLPH.

MONTREAL, CANADA,
96 University St., Sept. 1, 1886.

My Dear Mr. Bell.—Your circular received, I regret exceedingly that neither my health nor the health of my family, will allow me to attend the meeting. My father, D. Stewart, is in England, and in truth there is no one here I would ask to be a substitute.

I suspect my views are pretty well known ; they are based upon physical science ; that is, the physiology of matter and its phenomena. I consider that all insanity is due to pathological defect of matter ; that is, to the materia cogitans or nervous system ; and that imbecility is due to teratological defect. I send you three papers that I trust will be found of interest. I beg that you will lay them and this letter before the meeting.

Yours most truly,

HENRY HOWARD, M. R. C. C. L Sy.,
Medical Superintendent Asylum, St. J. & D.

WINCHENDON, MASS., Sept. 8, 1886.

CLARK BELL, Esq. :

Dear Sir.—Your note of the 30th ult., inviting me to take part in the conference on the classification of Mental Diseases, for international statistics, has found me. I regret that a previous engagement will prevent my joining you at Saratoga, but I doubt not but the distinguished alienists who will be present will evolve a classification, in which as American alienists we can all unite.

You kindly ask for an expression of my views on the subject. Such classification in order to secure anything like universal adoption should be simple, and founded on natural distinctions that are plainly observable. Hence, I would have done with "acute" and "chronic," which depend simply on duration of one and the same disease. I have carefully read the report of progress in the work in the Medico-Legal Journal, June, 1886, and am much impressed with what Dr. Hughes says in his letter, of the importance of certain "broad classifications to indicate species" leaving the somewhat unimportant sub-divisions or varieties to the caprice of "individual notions," which will necessarily vary somewhat with each generation.

Unless we are ambitious to add still another to the many classifications that have already been submitted, on the general principal that America is nothing unless original, why cannot we be content to follow the lead of our sister Republic and accept the broad and simple plan of the Helvetian Alienists, perhaps substituting Toxic Psycosis for "Psychoses by Intoxication" as the 5th division? (I am aware the latter may be merely an unfortunate translation as I have not the original.)

This simple, natural division into five species seems to me can be made by judicious subdivision into varieties, to include everything. The 1st, Congenital Psychoses, should embrace all the insanity of organism. The 2nd or Simple Psychoses, those ordinary types of mental alienation whose organic relation or pathology has not yet been differentiated. Hence with the progress of somatic study the 3d class of Organic Psychoses with its extending varieties will be constantly encroaching on the domain of the Simple Psychoses, but this is inevitable in any classification with the advance in pathological research.

Whatever system you may decide to recommend it should be constructed with a certain elasticity, that will admit of its adjustment to the inevitable progress in the study of mental disease, without requiring constant revision or becoming useless and obsolete for practical study.

I have great hope that your Conference will be guided to wise conclusions and give us something which we can all cordially indorse.

Yours very truly,

W. W. Godding.

Danville, Pa., Sept. 3, '86.

Clark Bell, Esq.

Dear Sir.—I regret that it is impossible for me to be away at the time of the meeting. The work in the hands of this conference is most desirable and important; until, however, a great deal of preliminary work is done, I think it fairly questionable whether the result can be anything else than provisional, until the great variety of mind deemed physiological or not insane is classified. nothing can be final in the way of classifying it when in the conditions resulting from disease. May the meeting be pleasant, sociably, and successful scientifically.

Very truly yours,

T. S. Schultz.

1909 Chestnut St., Philadelphia, Sept. 7, 1886.

Clark Bell, Esq.:

My Dear Mr. Bell.—I find it will be absolutely impossible for me to attend the meeting at Saratoga of the Committee of Conference on International Statistics of the Insane and Classification of Mental Diseases. I am held in Philadelphia by some very important private cases. I greatly regret my inability to attend the meeting, as I am much interested in its objects, and desired to hear and take part in the discussion of the subject of classification.

It seems to me important that a classification which purposes to be international should, while simple, at the same time be sufficiently detailed to cover all the recognized types of insanity. I do not feel like formally proposing any system of classification. In the present state of our knowledge of the subject of psychiatry I think it is best to depend upon a clinical, that is, a partly semeiological and partly etiological, method of classification. In my lectures on insanity, at the University of Pennsylvania and the Philadelphia Polyclinic and College for Graduates in Medicine, without adopting any special plan of arrangement—psychological, pathological symptomatological, or etiological—it is my habit to give a working list of the insanity met with in practice, grouping those together which are most closely allied clinically. Such a list, which might serve as a basis of classification, is as follows:

1. Idiocy.
2. Imbecility.
3. Cretinism.
4. Mania.
5. Melancholia.
6. Alternating insanity.
7. Paranoia.
8. Stuporous insanity.
9. Confusional insanity.
10. Insanity of pubescence.
11. Senile insanity.
12. Primary dementia.
13. Secondary dementia.
14. Paretic dementia.
15. Insanity from special causes, as—
    - a. Insanity from coarse brain disease, as from tumor, meningitis, abscess, etc.
    - b. Syphilitic insanity.
    - c. Epileptic insanity.
    - d. Hysterical insanity.
    - e. Alcoholic insanity.
    - f. Puerperal insanity.
    - g. Traumatic insanity.
    - h. Phthisical insanity, etc.

In the consideration of these general forms of insanity, I make the simplest possible sub-divisions, as for example:

1. *Mania.*
    - a. Common acute mania.
    - b. Acute delirious mania.
    - c. Acute transitory mania.
    - d. Chronic mania.
2. *Melancholia.*
    - a. Simple melancholia.
    - b. Delusional melancholia.
3. *Alternating Insanity.*
    - a. Circular insanity.
    - b. Katatonia.
    - c. Periodical insanity.

Trusting that you have a very successful and profitable meeting, I remain very truly yours,
CHAS. K. MILLS.

P. S.—Please let me hear from you as soon as convenient about the portraits of Rush and Ray.
C. K. M.

NEW JERSEY STATE LUNATIC ASYLUM,
TRENTON, N. J., Sept. 11, 1886.

CLARK BELL, Esq.:

My Dear Sir.—Your circular in regard to the conference at Saratoga was handed me yesterday upon my return home. I greatly regret that I had not known of the meeting before, that I might have made arrangements to be present. I know of nothing more desirable in the study of Psychological medicine than that we should have a better and more uniform classification of mental diseases, and sincerely trust that the Conference will result in something more definite than we have ever heretofore had. What is wanted is a plain, simple classification and nomenclature divested of the "*ponderous technicalities*" at present in use by so many of our confreres.

Very sincerely yours,

JOHN W. WARD.

HARTFORD, CONN., Sept. 3d, 1886.

My Dear Mr. Bell.—I have sent invitation to Dr. John S. Butler, of Hartford, Conn., an old man and cotemporary of Dr. Earl, who may be pleased to join us at Saratoga. He is the most distinguished alienist in town. I will be present at the conference.

With thanks, I am very truly yours,

T. D. CROTHERS.

NEWPORT, R. I., September 8th, 1886.

Dear Sir.—I regret that circumstances have prevented my sooner acknowledging your polite note inviting me to attend a convention to be held at Saratoga, beginning to-day, relative to the classification of insanity. Engagements made before the receipt of your invitation, from which I find myself unable to recede with propriety, prevent my acceptance of it.

Your invitation to me to forward to you an expression of my views touching the classification of insanity, presumably for the use of the convention in case of my inability to attend it, is highly appreciated, but while I have long entertained quite definite opinions upon the subject it will be impossible in the time now at my command for the purpose, for me to elaborate them in such a way as to be useful to the convention, even did they receive it before the close of its present labors. I will say, however, that as the terms insanity and mental derangement are equivalent, and express a psychological state, the terms that express the different forms of mental derangement should be primarily descriptive of psychological states. Hence, in general, my judgment approves of the classification of insanity in most common use among English speaking medical experts in that disorder, and it seems to me that terms and phrases indicating the physical defects and pathological conditions that are supposed to cause or accompany mental derangement should be considered as historical and illustrative, and not as primary.

As a general proposition, not to forestall any anticipated effort of your convention, I will add that, in my opinion, any attempt to make a classification of insanity that does in any degree lean to a compromise with legal dicta, or with what are regarded as generics, or with theological dogmas, will never be acceptable to science, because such classification as does not rightly interpret nature, will never accord with its phenomena.

Hoping that your convention will be a pleasant one and attended with useful results,

I am, yours very respectfully,

CHAS. H. NICHOLS.

CLARK BELL, Esq.,
Saratoga, N. Y.

UTICA, 15th Sept., 1886.

My Dear Mr. Bell.—I have been on a trip in the North Woods, and your circular did not reach me until too late for me to go to Saratoga, much to my regret. The meeting must have been an interesting one.

I am, very truly yours,
L. A. TOURTELLOT.

EASTERN MICH. ASYLUM,
PONTIAC, MICHIGAN, Sept. 2, 1886.

CLARK BELL, Esq.

Dear Sir.—Your letter of Aug. 30th is received. I very much regret that I did not have an earlier notice of the Saratoga meeting, so that I could make arrangements to be present. At this late day it will be out of the question for me to get away. Cannot a postponement to a later date be secured? If a meeting of representative alienists can be held in November or December, it will afford me great pleasure to attend and to coöperate.

Very truly yours,
HENRY M. HURD,
Medical Supt.

57 Broadway, New York

PHIL., Sept. 1, 1886.

Dear Dr.—In reply to your communication of recent date, I beg leave to say that the Medical Jurisprudence Society will be unable to send delegates to the Conference at Saratoga on Sept. 8.

Very truly yours,
HENRY LEFFMANN,
Sec. M. J. Soc.

To CLARK BELL, Esq.

PROVIDENCE, R. I., Sept. 3, 1886.

My Dear Sir.—I hope to be able to attend the meeting at Saratoga, but am not entirely sure at present.

Yours truly,
WM. B. GOLDSMITH.

CLARK BELL, Esq.,
57 Broadway.

CONN. STATE HOSPITAL,
MIDDLETOWN, Sept. 1st, 1886.

CLARK BELL, ESQ.

Dear Sir—Your invitation to be present at the Conference of the committees on classification of mental diseases, at Saratoga, on the 8th inst., is at hand.

I regret extremely that my engagements are such that it will be impossible for me to participate in this interesting and important work.

Yours very respectfully,
J. OLMSTEAD.

GREENMONT, N. Y., Sept. 1st, 1886.

CLARK BELL, Esq.,

Dear Sir.—My home duties are such that I shall not be able to attend the conference at Saratoga, as I would be pleased to do.

Respectfully,
RALPH L. PARSONS.

CHICAGO, ILL., Sept. 3d, 1886.

CLARK BELL, Esq.,
57 Broadway, New York City.

My Dear Sir.—Your favor of August the 30th is at hand. I thank you heartily for the courteous invitation to be present at the meeting of the Committee, named in your circular, at Saratoga, September the 8th. I am sorry to be obliged to say in reply that I cannot be there. I certainly would greatly enjoy being present, and again express my regrets at my unavoidable absence. Most respectfully yours,

J. S. JEWELL.

KENEE, N. H., Sept. 4, 1886.

CLARK BELL, Esq.

Dear Sir.—Your invitation to attend the meeting "of the various committees" at Saratoga next week is received. I regret that previous engagements will prevent my being there. The subject of the conference is an important one, and I should be glad to have the views of others upon the subject, but I have not time to give my own at this time.

Respectfully yours,
GEO. B. TWITCHELL.

WILLARD, ASYLUM,
WILLARD, N. Y., August 31, 1886.

MR. CLARK BELL,
57 Broadway, N. Y.

Dear Sir.—Your invitation, to a Conference, to agree upon a classification of mental diseases is received.

We have a meeting of the Board of Trustees on the same day of the meeting of the Conference, and I consequently shall be unable to attend.

I fully appreciate the importance, however, of a uniform classification of mental diseases, and I hope that the Conference may succeed in coöperating with the International Committee.

Yours truly,
P. M. WISE,
Sup't.

JOURNAL NERVOUS AND MENTAL DISEASES,
N. Y., Aug. 31, 1886.

Dear Sir.—I regret that numerous other duties will prevent my attending the Conference to be held at Saratoga.

Thanking you for your kind circular and note, I remain,

B. SACHS.

To MR. CLARK BELL,
Member of Internat. Con. for N. America.

ILLINOIS SOUTHERN HOSPITAL FOR INSANE,
ANNA, ILL., 9/3, 1886.

HON. CLARK BELL,
57 Broadway, New York.

Dear Sir.—It will be impossible for me to be at Saratoga on the 8th inst.

The matter is in good hands, and I have no suggestions to make, except that the classification should be simple, and at the same time comprehensive.

There are many terms used by some writers on insanity to designate slight variations depending upon constitutional peculiarities that should, in my opinion, be left out of the proposed classification.

Respectfully,

H. Ward, Supt.

Easton, Pa.

Mr. Clark Bell.

Dear Sir.—Your kind invitation received. I am sorry that professional work will prevent my attendance. Hoping that the Conference will be fruitful of results, I am,

Very truly,

Isaac Ott.

Sept. 4, 1886.

S. W. Cor. Walnut and Fortieth Sts.,
Phila., Pa., 5th Sept., 1886.

My Dear Sir.—I have received, through the courtesy of Dr. C. K. Mills, an invitation to be present at Saratoga at the Conference of the various Committees, to agree upon a uniform classification of mental diseases. I regret very much that I shall not be able to attend, especially as I regard with peculiar interest any movement tending to simplify, and place upon a substantial basis, the nosology of insanity.

I am, with great respect,
Yours very truly,
Jas. Hendric Lloyd.

To Clark Bell, Esq

Office of the Inspector of Charities,
13 Beacon Street, Boston.
October 5, 1886.

Clark Bell, Esq.,
57 Broadway, N. Y.

Dear Sir.—I have received your pamphlet report of the Saratoga Conference, which I had the pleasure of attending, and should be glad to purchas twenty copies for use. If the type is still standing, I could suggest a few corrections of the press. This Board has just invited Dr. Earle to write a paper, to be printed in its next Annual Report, on a subject involving the classification adopted at Saratoga. The State of Massachusetts will, no doubt, adopt this classification, beginning with October 1, 1886.

Yours truly,
F. B. Sanborn,

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46 East 31st St., N. Y., Sept. 11, 1886.

Clark Bell, Esq.:

My Dear Sir.—I regret that I could not meet with you in Saratoga. Had made arrangements to come, but sudden and severe illness of a member of my family prevented.

Yours truly,
A. D. Rockwell.

BUTLER HOSPITAL,
PROVIDENCE, R. I., Sept. 6, 1886.

My Dear Sir.—I had hoped to come to Saratoga to attend the meeting called by you for consultation upon the classification of insanity, but my duties here are such as render it improper for me to leave.

It will undoubtedly be exceedingly difficult to decide upon any system of classification that will be approved and adopted by the majority of Alienist Physicians throughout the world, and I see that the Alienists of France are so divided among themselves that they can not even consider an agreement with other nations. If anything is to be accomplished, therefore, it seems important that English speaking people should be as nearly in accord as possible, and I would therefore favor a plan differing as little as may be from that approved by the Psychological Societies of Great Britain. As it stands, this seems to me quite incomplete, but it may be deemed wise to take it *in toto* and add some other forms. It is not the classification I should choose, but it has the necessary merit of simplicity and gives opportunity for subdivision in accordance with individual preference. It seems to me that toxic insanities should form a separate class, and that folie circulaire is sufficiently distinctive to deserve a place even in a simple system of classification.

I write in great haste, having just decided that it is not best for me to attend your meeting, and wishing to post my letter in time to reach you.

I am, my dear sir,
Very sincerely yours,
WM. B. GOLDSMITH.

CLARK BELL, Esq.,
&c., &c., &c.

KINGS COUNTY INSANE ASYLUM,
FLATBUSH, N. Y., 1886.

CLARK BELL, Esq. :

Dear Sir.—I have just returned to the city, and find your letter. Sorry I could not go to Saratoga.

Respectfully,
J. C. SHAW.

ASYLUM FOR THE INSANE,
KINGSTON, ONT., Oct. 15, 1886.

CLARK BELL, Esq., 57 Broadway, New York :

Dear Sir.—Many thanks for the copy of your report to the Belgian Society. The classification adopted commends itself to me, and is, I think, simple and comprehensive.

Yours sincerely,
C. K. CLARKE.

BURLINGTON, N. J., Sept. 12, 1886.

CLARK BELL, Esq.:

Dear Sir.—I was away too long on my vacation to admit of my going to Saratoga on the 9th inst.

Indeed, the notice of the Conference did not reach me till about the time of the conference, or I should have been pleased to have made arrangements to attend.

Our societies will co-operate in whatever was done without doubt.

Yours truly,

JOSEPH PARRISH.

---

43 WEST FIFTY-FOURTH STREET,
NEW YORK, Sept. 5th, '86.

My Dear Mr. Bell.—Many engagements during this week will prevent my accepting your kind invitation. It will be impossible for me to get away. With thanks, I am,

Yours sincerely,

WILLIAM A. HAMMOND,

BLACKWELL'S ISLAND, September 9th, 1886.

Mr. Clark Bell.—Owing to my removal from Canandaigua to the City Asylum on Blackwell's Island, your invitation to attend the Conference at Saratoga did not reach me until yesterday, too late for acceptance, or for an earlier acknowledgment. Thanks for your polite recognition.

Everyone who is at all interested in the care of the insane, as well as in the medical-legal questions of insanity, will welcome a scientific basis for the classification of mental diseases and for the framing of statistics; and I trust that the Conference has fully discussed this matter, that you may, as the member of International Committee for North America, be able to present the best possible scheme for such a basis.

Sincerely yours,

FRANK A. INGRAM.

We have received from Dr. D. HACK TUKE, of England, a highly complimentary letter praising the BASIS adopted at SARATOGA, and stating that he would be willing to agree upon that Basis, with some slight additions as his second choice, in case it could be adopted by the International Committee as a whole.

The eminent Alienist, Dr. Lentz, of Tournai Asylum, Belgium, has sent a copy of his paper on this subject, submitted to the Belgian Society since the Antwerp Conference, which we regret not being able to give entire for want of space.

THE PRESIDENCY OF THE MEDICO-LEGAL SOCIETY.

The Editor of this Journal, at the November meeting, declined the nomination made by Dr. Peet, for the Presidency, because he preferred that some other name be selected, and nominated Dr. Jno. M. Carnochan, the eminent surgeon, for the place, supposing he would consent to accept.

The election is conducted by ballots, sent out by mail two weeks in advance of the annual meeting, at which time it was ascertained that Dr. Carnochan could not serve, and that Dr. Stephen Smith, State Com'r in Lunacy, who had also been placed in nomination, declined the honor. In this unexpected contingency, the following letter was sent the Editor of this Journal:

NEW YORK, November 29, 1886.

CLARK BELL, Esq.:

Dear sir.—The withdrawal of Dr. John M. Carnochan and Dr. Stephen Smith as candidates for the office of President of the Medico-Legal Society, in our judgment makes it imperative that you should accept that office.

We trust that you will comply with our request, and we shall forward a copy of this communication to the members of the Society.

Respectfully yours,

CALVIN E. PRATT,
ROBT. M. FULLER, M. D.,
IRA RUSSELL, M. D.,
JAS. H. McDOWELL, M. D.,
WILLIAM WHALEY,
ALFRED R. LIGHTFOOT,
WM. FREDERICK HOLCOMBE, M. D.
J. M. CARNOCHAN, M. D.,
ANDREW H. SMITH, M. D.,
H. L. RICHARDSON, M. D.,
SIMON STERNE,

Chas. R. Allison,
Henry R. Stiles, M. D.,
Otto Horwitz,
S. Hepburn, Jr.,
Chas. B. Kelsey, M. D.,
G. Hennessey, M. D.,
C. B. Augustine,
Jefferson M. Levy,
Morris Ellinger,
Ferd. C. Valentine, M.D.,
Richard M. Bruno,
Charles Donohue,
Simon Sultan,
Geo. L. Ingraham,
R. S. Guernsey,
Saml. H. Randall,
And others.

Various urgent requests from a large number of influential members in both professions, were also made to him of a similar import, and, as a result, his election followed at the annual meeting.

Under the circumstances, he can only express his sincere thanks for the continued expression of confidence from the members of the Society, and will do his utmost for its future prosperity and success.

SERIES 3, MEDICO-LEGAL PAPERS.

This volume is now ready for delivery to purchasers, and has been sent to subscribers who will please remit for same.

The following gentlemen have subscribed for Series 3, Medico-Legal Papers, now ready. Price, sheep, $3.75; muslin, $3.50; paper, $2.50.

This subscription has been transferred by the Society to the publisher, who furnishes the volumes to subscribers or purchasers.

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Persons desiring it sent, will forward names and addresses to the President or Secretary, with price of volume, and it will be forwarded prepaid.

It contains nine portraits, and is a valuable collection of original papers read before the Medico-Legal Society of New York, in continuation of those published in Series No. 1 and No. 2 of Medico-Legal Papers.

Every new member, and all corresponding and honorary members, should at once subscribe for it, as the edition is limited to 400 copies, and will shortly be exhausted. Address Clark Bell, No. 57 Broadway, or Albert Bach, Secretary, No. 140 Nassau street, New York City.

NECROLOGY.

M. V. OUDART, Inspector-General of Insane Asylums of Belgium, died August 6, 1886. He was born 2d February, 1815. He entered the service of the Government at the early age of 15 years, and continued therein until the day of his death. In 1840 he was attached to the Department of Justice, and identified with Ducpetiaux, then Inspector-General of Prisons and of Charitable Institutions.

March 17, 1853, he was made Secretary of the Board of Inspection and Visitation of the Insane Asylums, since which he has been constantly identified with this work, and in December, 1868, he was made Inspector of Insane Asylums of Belgium. August 23, 1875, he was made Inspector-General, and December 28, 1879, he was made Director-General of all the Insane Asylums and Charitable Institutions of Belgium.

His labors, therefore, embraced all the Asylums of his country, as well as all its Public Charitable Institutions.

He was decorated by the king with the cross of his order, and also by the imperial order of Leopold, of Austria.

He was not a physician, but doubtful if any one in Belgium connected with the care and management of the Insane, had larger knowledge or more influence in this domain, among the Belgian Alienists.

The friend and colleague of Guislain, he was early imbued with the ideas and zeal of the great Belgian alienist.

The work of most importance in Oudart's life, is doubtless the establishment of the new colony at *Lierneux*.

He believed in colonization of the Insane, after the general plan of Gheel, and his idea was to demonstrate, practically, at *Lierneux*, that *Gheel* could be duplicated elsewhere, without its religious traditions and that colonization was better for a large proportion of the Insane than Asylums. The experiment at *Lierneux* is not yet complete, but the influence of Oudart will be felt in this experiment, which will doubtless soon be attempted outside of Belgium, in other countries.

BENJAMIN A. WILLIS, Esq.—Since our last issue Col. B. A. Willis has died, striking another name from the active list of members of the Medico Legal Society. He was a member of the Bar, a graduate of Union College, a member of the Permanent Commission of the Society, and served a full term as a member of the Board of Trustees, of which he was for two years chairman. He served two years in the House of Representatives at Washington, D. C., being elected by the union of the Democrats and Liberal Republicans, after which he acted with the Democratic party. While Col. Willis never read a paper before the Society, he often took a prominent part in the discussions, and felt an interest in the science of Medical Jurisprudence. He leaves a wife and four children. Resolutions of regret and condolence were adopted at the November Session of the Society on the announcement of his death :

HORACE PUTNAM FARNHAM, M.D.—Dr. Farnham was one of the loveliest characters ever met by the editor of this journal. He can in no wise better speak of his deceased friend than to give a short note sent by his estimable wife in response to a request for the details of a proper notice of Dr. Farnham's life :

"New York, Aug. 20, 1886.

"Mr. Clark Bell:

"Dear Sir,—In answer to your request for a sketch "of my husband's life, I send you one touching on his "public life only. His private life he made full of "sunshine and beauty to all about him, never failing "in kindness and courtesy to the very humblest; but "that life is written in the hearts of his friends.

"Very sincerely,
"Eliza C. Farnham."

Dr. Horace Putnam Farnham was born in Salem, Mass., in 1822. He entered Harvard College in his eighteenth year. graduating in the class of '43. He was a bright scholar, also a great favorite in college, and often spoke with pleasure of the honor shown him by all the classes, in selecting him to bear the college banner, upon the occasion of the grand parade at the time of the completion of Bunker Hill monument, when Webster made "his great speech."

His father having desired him to pursue the study of law, he entered the Cambridge Law School, and after graduating from there went into the office of Rufus Choate, where he took much interest in studying that great lawyer and deciphering for him his "hieroglyphics," but though having many words of encouragement and encomium from Mr. Choate, the law had little attraction for him and he entertained and refreshed himself by attending a course or two of medical lectures given by prominent medical men of that time.

In 1857 he entered the New York College of Physicians and Surgeons, but after studying there a year and finding that his social engagements interfered too much with his studies he went to Philadelphia, where there were no such demands upon his time, and graduated from the Jefferson Medical College in 1860. Though urged by some of the professors to settle there and connect himself with some of the hospitals, he had determined upon making New York his home and began his practice there, that year. Slowly, but with much energy and perseverance, he built up for himself a practice which in a few years became a large and lucrative one. His keen, quick insight and tender sympathies, with the uprightness, strength and manliness that inspired confidence, bound his patients to him very closely and spread his influence widely.

He married in 1862 the daughter of Isaac H. Cary, of Boston.

He was a member of the New York Medical Society and of the American, State and County Medical societies, being treasurer of the latter for many years. Of the Medical Journal Association he was one of the founders as well as its treasurer, and an earnest worker in its behalf. He was a member of the Medico-Legal Society from its start; also member of the New York Academy of Medicine, and was appointed its treasurer at the time of the resignation of Dr. Pond, which position he retained until he felt the tax too severe (with his other duties) for his failing health. On his resignation of this office he was appointed vice-president of the association. He was ever deeply interested in all that concerned the true advancement and dignity of his profession.

In 1881 he went to England as delegate from the Academy of Medicine to the International Medical Congress. While there he consulted some of the eminent men among the specialists, and after some surgical treatment realized that he must begin to lay aside the more taxing parts of his work, and though he continued to practice until the spring of 1884, he had often to submit to painful surgical operations and allow himself longer intervals of rest. He was confined to the house mostly for the last two years, resigning the work that was so full of interest to him and bearing his suffering with true Christian resignation, cheerfulness and fortitude, spreading still widely the influence of the beautiful spirit after its frail tenement had ceased from its labors.

He died June 9, 1886.

NOTICE TO MEMBERS.

Members of the Medico Legal Society who do not receive the Journal promptly should address the *Treasurer*.

The publishers of the Journal have no responsibility as to its delivery to members of the Society.

By order of the Executive Committee, under the contract between the Society and the Journal Association, the Journals ordered by the Society for its members are delivered to the *Treasurer*, who is alone responsible to members for its delivery.

MEDICO LEGAL PAPER SERIES 3.

Subscribers to this volume will receive the same during the present month. Members or others desiring this volume will send word to the Editor of this Journal or to any officer of the Society. Price $3.50, cloth ; $2.50, paper.

THE NUMERICAL AND FINANCIAL STRENGTH OF THE SOCIETY.

There has been great misapprehension in the Medico Legal Society as to the number of members. The official election list sent to voters at the annual election Dec., 1886 contains on the active roll of members 258 names.

The corresponding members number 119, exclusive of those recently deceased whose names still appear. The total actual roll is therefore—

Active	258
Corresponding, Exclusive of deceased	119
Honorary, " "	12
	388

Ex-President R. O. Doremus in his retiring address stated that the Roll of Members was on Jan. 1, '86—

Active	281	
Corresponding	117	
Honorary	9	
Total,	407	a loss of 19.

There has been an unusual mortality during the past year, both in our active, honorary and corresponding list, being 8 active, 8 corresponding and one honorary, total 17.

The resignations have been less than ever before in the same period within the past five years of the Society's History.

The deaths alone account for the numerical loss or total membership, being only ten short of the aggregate, Jany. 1, 1886.

The election of new members has been unusually small, only 24 new members having been elected during the year 1886, and the resignations accepted for the year have been only 26, including those stricken from the roll for non-payment of dues.

The prosperity of the Society depends largely upon the prompt payment of dues by its members.

If the total active list paid dues promptly it would place annually into the Treasury without increase of members $1,124. If fifty new members were annually elected it would bring $450 more.

If only 200 of the active list paid their dues in the month of January in each year when they are due, it would bring $800, and if 30 new members came in it would be 270, total $1,070.

If members do not pay their dues promptly the Society cannot meet its current expenses as they fall due, which occasions a great embarrassment and stands in the way of its prosperity and success. It is with a view of urging upon members the great importance, and vital necessity, of paying their dues promptly, at the beginning of each year, that these figures are given, and this statement made.

If the arrears of dues from members now outstanding on the Treasurer's books were paid, it would discharge every dollar of the Society's indebtedness, and the assured income would be considerably in excess of expenditures in each year.

MEDICO-LEGAL SOCIETY.

New York, Dec. 28, 1886.

To the Honorary, Corresponding and Active Members.

Series 3, Medico-Legal Papers has been published and delivered to the subscribers. It contains original articles by :

GEO. M. BEARD, M.D.
CLARK BELL, Esq.
CEPHAS BRAINERD, Esq.
COMMITTEES' REPORTS,
ALFRED L. CARROLL, M.D.
WM. G. DAVIES, Esq.
PROF. R. O. DOREMUS,
MORRIS ELLINGER, Esq.
R. S. GUERNSEY, Esq.
FRANK H. HAMILTON, M.D.
W. A. HAMMOND, M.D.
A. O. KELLOGG, M.D.
E. C. MANN, M.D.
JACOB F. MILLER, Esq.
APPLETON MORGAN, Esq.
JAMES J. O'DEA, M.D.
PROF. JOHN ORDRONAUX,
PROF. JOHN H. PACKARD,
EDWARD PATTERSON, Esq.
SAMUEL L. RABORG, M.D.
ISAAC RAY, M.D.
AMBROSE TARDIEU.

It contains Portraits and Sketches of

JUDGE WM. A. BEACH,
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ALBERT BACH,
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Journals and Books.

REVUE DES DEUX MONDES.—M. VICTOR DU BLED contributes an able and exhaustive essay, entitled *Les Aliénés a l' Etranger et en France.*

The I part appears in the 15th October number, and is devoted to *Les Aliénés a l' Etranger.*

The paper is based upon:

1. The Report of Senator THEOPHILE ROUSSEL to the Commission of the French Senate.

2. Report of ACH. FOVILLE upon the Legislation of England and Scotland regarding the Insane.

3. MAUDSLY on Crime and Insanity.

4. BUCKNILL on classification and treatment of Insane Criminals.

5. Doctor MOTET—Broadmoor Criminal Lunatic Asylum.

6. Harrison's digest of Lunacy statutes.

7. Mental Alenation in Switzerland—Annales Medico Psychologique.

8. Dr. FLAMM'S Study of the German Insane Asylums.

M. DU BLED gives an elaborate *resume* of the condition of the Insane and legislation in various countries, commencing with England. Giving the conclusions Dr. Foville reached upon his careful examination of the English and Scotch lunacy system.

In speaking of Scotland, he quotes Lord Shaftsbury's declaration as late as 1845, who said in Parliament:

"I do not think that in any country of Europe or in America the indigent insane are in a state of misery and degradation at all comparable to that which we now find in Scotland."

He gives credit to Miss Dix as being largely instrumental in obtaining a commission under the Bill of 1857, which was the commencement of radical reforms in Scotland; and speaks in high praise of the labors of this noble and philanthrophic woman, whose heart was deeply touched, by what she saw in Scotland in 1855; and her influence with English ministers in the matter.

The United States is treated, from the standpoint of Mr. Harrison's book, and the various systems in the several states of the Union spread over such an enormous territory, is an inexplicable enigma to M. DU BLED, who cannot see why a uniform system could not exist for the American continent as well as for France, Belgium or European states, many of which are smaller than some of the American States, in area.

If M. DU BLED should visit some portions of the American States, and inspect their institutions for the Insane as Dr. Hack Tuke and Dr. Tucker have done, he would better understand the subject, than he could possibly do, from Mr. Harrison's hastily prepared book, which gives a partial, and in some cases, inaccurate *resume* of the Lunacy Laws of States, furnished by his correspondents, being their views of the laws in some instances where the full text of the statutes are not given.

The Swiss system is then introduced upon the authority of Lunier and the writers of Annales Medico Psychologie, with a sketch of those of Spain, Italy, Germany, and the Austrian provinces of Hungary and Bavaria.

The 2d part of the paper is devoted to the French system, and in addition to the papers made the basis of the first part of the article, he cites:

De Crisenay, *La loi et les Alienes.*

The Pathology of the Mind, by Felix Alcan.

Dr. Calmiel. *Insanity since the renaissance of Science in Europe.*

Legrand du Saulle. *Medical Jurisprudence and the Insane before the Tribunals.*

Ball. *On Mental Diseases.*

Greisenger *on Pathology of Insanity.*

Malle. *Medico Legal History of the Insane.*

Dr. L. Luys. *Treatise on Mental Diseases.*

He reviews the French law of 1790, the Reformation of 1792 under Pinel, the Civil Code of 1803, the Acts of the Restoration of 1819, the Inquiry of 1833, and the Law of 1838.

The history of the Legislation is intensely interesting, as he relates the attitude held by the distinguished French alienists, to that contest as well as the attitude of the press, and of French statesmen.

He alludes to the assault made by Gambetta and Magnin in 1870 on the lunacy system.

The history of French Lunacy Legislation is admirably given, and is well worth careful and attentive study.

The 3d part of the paper is devoted to the administration of French asylums, and the various causes which contributed to the present agitation demanding reforms, in the French Lunacy Statutes.

The 4th part describes the present system, and the state of the question at the present moment, the practical administration of asylums and their management.

The 5th part speaks and treats, of insanity in the abstract, and of responsibility, and the 6th to the statistics of expense and economy as contrasted with other countries; and the paper concludes with some admirable reflections upon the subject, which we regret not having space to reproduce entirely for our readers.

ANNALS MEDICO-PSYCHOLOGIQUE. Series 7. May, July and September, 1886, Paris.—This journal aims to keep pace with the progress of Psyhological Medicine—particularly in France—and is ably conducted by Doctors Baillarger, Ach Foville and Ritti. It is now in its 44th year.

It claims also to be a Journal of Mental Diseases and of the Medical Jurisprudence of Insanity.

Of its editors, Ach Foville is Inspector-General of the Insane Asylums of France; Baillarger is an Honorary Physician at La Salpetriere, and Ritti is Physician of the Asylum at Charenton.

Its Cronique is in charge of Ach Foville, and is a record of the questions of the hour, in the Science for France.

It contains the proceedings of the Societié Medico-Psychologique of Paris, and original papers on various topics by the more celebrated names of French, Alienists and Medico-Legal Jurists.

Its reviews of French journals and those of other countries is ably conducted.

Dr. A. Giraud, Physician at the Asylum at Fains, contributes to the September Number, 1886, a Review of Medical Jurisprudence, of great interest, which we regret not being able to reproduce entire in our columns. The first part of the paper is devoted to an analytical review of the new work by Dr. Max Simon, Physician-in-Chief of the Asylum at Bron, entitled "*Crimes et* *delits dans la folie*," and concludes with a sketch of several important cases of criminal responsibility before the Tribunals, in cases where insane persons were charged with crimes.

No student, of Psychological Medicine in America, can afford to be without this able journal.

ARCHIVES DE NEUROLOGIE, Paris. March, May and July, 1886.—Published under the direction of Dr. J. M. Charcot, Dr. Bourneville, Editor-in-Chief ; Charles Fere, Secretary of the Editorial Staff, with a list of collaborators, which embraces some of the most distinguished names in this domain upon the Continent of Europe.

It is published bi-monthly, price 25 francs to American subscribers. The journal contains original articles on subjects connected with Nervous and Mental Pathology, in each number. It also contains exhaustive reviews of English and foreign journals, on the same topics, and on Anatomy, Physiology, Legal Medicine and a full report of the proceedings of French and German Societies of Psychiaty ; and Neurology, contributed usually by Dr. P. Kereval or Dr. Marcel Briand. The reviews of foreign journals is very complete and thorough, and the journal is without a superior in the department of Neurology Psychiatry, Nervous and Mental Diseases.

The May Number, 1886, contains a Medico-Legal Report upon the case of Annette G——— made by Doctors CHARCOT, BROUARDEL and MOTET, at the request of the Court of Appeals, a Judicial Tribunal above the Police Justice. She had been condemned to three months imprisonment for theft, from which judgment an appeal was taken by her counsel, who claimed that she was irresponsible, and suffering from Hysterical-mania, which singularly affected her, and that she was either Hypnotized or a victim of Somnambulism, which controlled and governed her acts independent of and outside her will.

The report of these eminent experts, who made a careful examination of her case, is given in full in the journal, with a full resumé of her life and condition. She was readily hypnotized and was easily placed under complete submission. They reported to the Court that she was irresponsible for her act, and advised the appellate Court to exonerate her. The Court accepted their conclusions and she was set at liberty. The details of the case are very interesting.

POPULAR SCIENCE MONTHLY.—E. L. & W. J. YOUMANS, Editors. In the September number, JAMES SULLY concludes his paper on *Genius and Precocity*.

Dr. G. J. PRESTON contributes a paper on *Hereditary Diseases and Race Culture*, taking strong ground in favor of the theory.

In October number, CHARLES RICHET'S article, "A Pyschological Study of Fear," is translated from the *Revue des Deux Mondes*.

In November number, Mme. CLEMENCE ROGERS' article on *The Mental Faculties of Monkeys* is translated from the *Revue Scientifique*.

Dr. T. D. CROTHERS contributes a very able paper entitled, *Inebriate Maniacs*.

The December number contains an interesting paper by JOHN Burroughs on Science and Theology, on a higher plane than usually characterize these discussions.

Dr. J. CAPPIE contributes an able paper on the "Psysiology of Attention and Volition from BRAIN." Dr. CAPPIE claims that,

1. Every manifestation of the mind is co-related to a definite mode and sphere of brain activity.
2. That the activity of the brain is conditioned by the activity of its circulation.

   That the blood is to the gray matter of the brain, what air is to fire; both a necessity and a stimulus.
3. That the mass of blood within the cranial cavity can neither be increased nor diminished directly, nor indeed to an appreciable extent within short periods of time.

An interesting article is based on these postulates.

It is doubtful if the latter one may be safely classed as demonstrated.

We prefer to say that it is quite doubtful if it be true.

There is none the less real merit in the argument Dr. PATTIE presents, nor is it possible to dismiss his sequences by a denial of this assumption.

The tendency of modern thought and investigation into the physiology of volition, and the other faculties are worthy of earnest encouragement, and we think Dr. P. is entitled to high praise for his essay.

Carveth Read's Criticism from *Mind*, of Sully's "Hand-Book of Psychology," is reproduced. We have not read the work, which is reviewed as limited to the relations of Psychology to Education.

The editor's table is unusually able in this number.

THE CONTEMPORARY REVIEW.—The December number concludes its 50th volume. We notice among many papers of superior merit, the following, which we commend to our readers.

Biology, by Rev. W. H. Dallinger.
The Study of Science, by Sir John Lubbock, Bart., M. P.
Physics, by Professor Garrett.
Mental Philosophy, by Professor Seth.
The Use of Higher Education to Women, by Millicent Garrett Fawcett.

THE NINETEENTH CENTURY.—JAMES KNOWLES, Editor.—The December number closes its 20th volume. The papers we regard as of especial interest to our readers.

Pasteur and Hydrophobia, by Ray Lancaster.
Are Animals Happy? by Briggs Carlill.
Genesis and Science, by Sir Wm. E. Gladstone.
Marriage with a Deceased Wife's Sister, by Lord Bramwell.
Prisoners as Witnesses, by Justice Stephen.
Multiplex Personality, by Fred. W. H. Myers.
Massage, by Lady John Manners.
A Thought Reader's Experiences, by Stuart C. Cumberland.

THE FORUM.—LORETTUS S. METCALF, Editor.—This journal completed its first volume with its August number, and surely maintains the high standard assumed at the outset. In its selection of topics and writers, it has been singularly fortunate, and it is certainly a credit to American journalism. We commend to our readers the following articles:

Cremation, by Rev. Jno. W. Chadwick.
Contemporary Supernaturalism, by Moncur E. Conway.
The Psychical Wave, by Eliz. Stuart Phelps.
Some Experiences with Criminals, by W. M. F. Round.
Womans' Duty to Woman, by Ella C. Lapham.
Poisons in Food and Drink, by Dr. Cyrus Edson.
The State and the Criminal, by Z. R. Brockway.

THE MAGAZINES.

LITTLE'S LIVING AGE—Maintains its old time excellence.

THE THEATRE—Has vastly improved, is superbly illustrated and is certainly a great success.

HARPERS' MONTHLY MAGAZINE—Has an interesting Christmas number.

THE ECLECTIC—Has no rival in its field.

THE AMERICAN NATURALIST—Maintains its high standard of excellence.

FRANK LESLIE'S MONTHLY—Has a well deserved popularity.

KNOWLEDGE—Is certainly the best journal in its domain.

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PHRENOLOGICAL JOURNAL—Completes a year of great merit in its columns.

PUCK—Is absolutely without a peer and is becoming a power.

SCRIBNER'S MONTHLY—Is a splendid success from the outset.

THE NORTH AMERICAN REVIEW—Has a splendid line of subjects treated by leading men.

THE CENTURY—Deserves by its excellence the wonderful success it has achieved.

THE ART AMATEUR—Mr. Marks is making this an admirable Journal. It should be in every family.

THE ATLANTIC—Strong and able, with a splendid corps of writers.

GODEY'S LADY BOOK—Popular in families, keeps pace with its work.

LIPPINCOTT'S MONTHLY—Is a good Magazine and we greet it like an old friend.

Books, Journals & Pamphlets Received.

Dr. Livingston S. Hinckley.—Report for Essex County Asylum, N. J. (1885–1886).

L. Eureka.—Paris. 2 Cité Bergère, 2. Weekly.

John S. Butler, M. D.—The Individualized Treatment of the Insane. (1886).

Abstract and New Books.—Weston Vermont. H. H. Howe, M. D., Editor. (London).

Norman Kerr, M. D.—Proceedings of the Society for Study and Cure of Inebriety.

Dr. A. K. Steele, M. D.—Chicago. The Microbic Revolution in Surgery. (1886). Differential Diagnosis of Scrotal Tumors. (1886).

W. H. Daly, M. D.—Pittsburg, Pa. Laryngology and Diptheria. (1886).

A. K. Knapp, M. D., Supt.—Report of Kansas State Asylum. (1886).

The Printing Press.—C. H. Bramard, Editor. July, 1886.

Robt. G. Ingersoll.—Speech in W. U. Tel. Co. Case. (1886).

Levi C. Lane, M. D.—Memorial Wreath in Grave's Malpractice Suit. (1886).

American Journal of Biology.—H. D. Valin, M. D., Editor. Aug., 1886.

J. P. Bancroft, M. D.—Annual Report N. H. State Asylum for Insane. (1886).

J. B. Andrews, M. D., Supt.—Report Buffalo State Insane Asylum for 1885.

Donald Maclean, M. D.—Recent Experiences in Clinical Surgery. (1886).

Joseph Holt, M. D., Pres. N. O. Board Health.—Report on Beloxi Fair. (1886).

Charles W. Pilgrim, M. D.—A Visit to Gheel. (1886).

Officers, Directors, &c., of New York Real Estate Exchange. (1886).

P. A. Schleisner, Copenhagen.—Aarsberetrung aug. Sundhedstilstanden. (1885).

St. Joseph's Med. College, Mo.—Annual Announcement. (1886–'7).

Robt. W. Raudnitz, M. D., Prague.—Findelpflege. (1887).

Edward N. Fishblaat, M. D —Minn. Med. & Surg. Journal. October, 1886.

Prof. Dr. J. Maschka, Prague.—Handbuch der Gerichtlichen Medicine. (1886).

Robert Newman, M. D.—Galvano-Cautery in Prostrate Bladder Tentha and Electrolysis a Failure. (1886).

A. N. Kellogg, N. Co.—The Proof of the Pudding. (1886).

Joseph Schomacker, Dorpat, Russia.—Inaugural Address. (1886).

Wm. C. Wilie, M. D.—Surgical Notes. (1886).

Archives of Gynaecology, Leonard Co., N. Y. August, 1886.

Z. S. Sampson, Esq.—Association for Moral and Spiritual Education, Brooklyn. (1886–'7).

Nicholas Senn, M. D., Chicago.—Surgical Lesions of the Brain. (1886).

Giuseppe D'Abundo, M. D., Naples, Italy.—Genenal Paresis. (1886). New Researches in Hypnotism. (1886). Cerebral Localization. (1886).

Secretary of the Interior.—Report Commissioners of Pensions. (1886).

E. W. Chamberlain, Esq.—Brief against the so-called "Comstock" Laws.

Rudolf-Merkel Erlangen.—Katalog, No. 85.

S. W. Schmidt, N. Y.—Book 19 of A. Mosers. Katalog. Gerichlbehen Med., &c. (1884).

J. Glaenzer & Co., Paris.—Catalogue. (1885).

Millen Josiah Roberts, M. D.—Exploration of Interior of Bones. (1886).

The Pacific Record.—San Francisco. September 15, 1886.

G. H. Tilden, M. D., Sec.—Trans. Anar. Dermat. Asso., 10vo. (1886).

Dr. Lentz, Tournai.—Secretaire de la Société de Médicine Mentale de Belge. Belgium.—Avant Project d'une Statistique des Aliénées, pour la Belgique. Éloge de Dr. B. C. Ingels. (1886).

G. E. Shuttleworth, B. A., M. D., Supt. Royal Albert Asylum, Lancaster, Eng.—Relationship of Marriages of Consanguinity to Mental Unsoundness. (1886).

People's Health Journal of Chicago.—L. D. and S. I. W. Rogers, Editors. (1886).

Denver Medical Times.—T. H. Hawkins, M. D., Editor. March, 1886.

Florida Med. & Surg. Journal.—T. O. Summers, Chas. Hemallitt, Neal Mitchell, Editors. May, 1886.

Therapeutique Contemporaine, Paris.—Victor Andhoui, Editor in Chief. (1886).

The Medical Press, Buffalo, N. Y.—Roswell Park, M. D., Editor. (1886)

Medical Herald, St. Joseph, Mo.—F. C. Hoyt, M. D., Barton Pitts, M. D., Editors. (1886).

Medical Chronicle.—Geo. H. Rohè, Editor, Baltimore, Md. (1886).

Medical Current, Chicago.—Henry Sherry, Editor. Sept., 1886.

Journal de Médecine de Paris.—A. Lutaud, Editor. (1886).

K. F. Koehler's Antiquarium, Leipzig.—Katalog, No. 439.

MOORE & SCHLEY.—Engraving. The World's Exchange. (Root & Tinker).

NEW YORK STATE BOARD OF HEALTH.—Sixth Annual Report. (1886).

JAMES OLMSTEAD, M. D., Supt.—Annual Report Conn. Hospital for Insane. (1886).

C. A. MILLER, Supt.—Reports of Longview Asylum, Carthage, Ohio, for 1862, 1878–'79–'80–'81–'82–'83–'84–'85, 1886.

J. P. BANCROFT, M. D.—Annual Reports of New Hampshire Asylum for the Insane from 1843 to 1885 inclusive.

GEORGE FRANCIS TRAIN.—Tacoma Ledgers and Supplements.

GEO. P. ROWELL & CO.—American Newspaper Directory for 1886.

N. W. AYER & SON.—American Newspaper Annual. (1885).

R. L. POLK & CO.—Medical and Surgical Directory.

HENRY I. GARRIGUES, M. D.—Guide in Antiseptic Surgery. (1886).

H. K. LEWIS, London.—Gout. By Robson Pierce, M. D.

THE MEDICAL MONTHLY, N. Y.—J. Leonard Corning, Editor. Dec., 1886.

THE BOSTON ACADEMY.—Alfred A. Wright, Editor. Boston. (1886).

HEARTH AND HOME, Chicago, Ill.—W. H. Hale, Editor. Nov., 1886.

PROF. SOUZA LIMA, Brazil.—Suicide in Legal Medicide. Infanticide.

JOHN MORRIS, M. D.—Comment on Lunacy. Study on Insanity. (1886).

L. B. PROCTOR.—History of Political Parties in New York. (1886).

L. W. BAKER, M. D.—Fourth Annual Report Hospital Cottages for Children, Baldwinsville, Mass. (1886).

S. B. BUCKMASTER, M. D.—Illustrious Insane. Case of Mysophobia. First Biennial Report Wisconsin State Hospital for Insane. (1885).

S. H. TALCOTT, M. D., Middleton, N. Y.—Abstract of Reports of State Asylums for 1881-2-3-4 and 5.

E. A. KILBOURNE, M. D., Supt., etc., Elgin, Ill.—2d, 3d. 4th, 5th, 6th, 7th and 8th Biennial Report of Illinois Northern Insane Hospital.

E. T. WILKINS, M. D., Supt., Napa, California.—3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th and 11th Report of Napa State Asylum for Insane.

J. ALDER BLUMER, M. D.—Forty-second Report State Asylum, Utica, N. Y.

CARLOS F. MCDONALD, M. D.—Twenty-sixth Annual Report of State Asylum at Auburn, N. Y. Insanity following Gunshot Wound of Head.

J. B. ANDREWS, M. D., Supt.—12th, 13th and 14th Annual Reports Buffalo State Asylum.

A. TRAUTMAN, M. D.—Reports of Medical Superintendent of New York City Lunatic Asylum, 1881 and 1882.

P. M. WISE, M. D., Supt.—Seventeenth Annual Report Willard Asylum, N. Y.

T. M. FRANKLIN, M. D.—Annual Report N. Y. City Lunatic Asylum, Blackwell's Island, for 1885.

F. S. ARMSTRONG, M. D., Supt.—Abstracts of Reports of Binghampton State Asylum for 1884 and 1885. Annual Reports for the years 1883 and 1884.

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Insanity and the Care of the Insane.

By CLARK BELL, Esq.,

PRESIDENT OF THE MEDICO-LEGAL SOCIETY OF THE CITY OF NEW YORK.

I.

Insanity has been styled, and perhaps justly, *the* disease of civilization.

The greatest peril incurred, in the higher cultivation of the human intellect, is the danger of its derangement.

Stimulation or pressure, upon the delicate organism of the brain, oftentimes puts it out of order and, like the intricate mechanism of the Geneva watch, one broken cog, or the presence and pressure of even a hair's weight, will derange its movement and impair its efficacy.

Man, in his original state, nearest to Nature, the savage, the uncivilized; like the lower animals, knows little if anything of Insanity. We may, therefore, with entire truth, say of Insanity, that it is a fruit and product of what we call Civilization.

Dr. Heber Newton calls it the scourge of the educated, the refined, the successful, the religious, the very Nemesis of the Nervous System.

Read before the Medico-Legal Society of New York, March 9, 1887.

Historically considered, it is but recently, within the lives of men now living, that Insanity has been regarded, as it now seems to be generally recognized, as a state due to a diseased condition of the brain.

Science in this century has asserted, and substantially demonstrated, that the brain is the organ of what we call the mind, the seat and centre of thought, volition, will, and the intellectual faculties.

SHAKESPEARE says: "who shall minister to the mind diseased," but modern Science says, that it is not the mind which is diseased, but the diseased *brain*, which reflects its distemper, in the working and action, of the mind.

Whether we examine earlier histories, traditions, ancient writers, or even the sacred writings, the madman, from the remotest periods, in all ages, among all nations and peoples, has been regarded by the large majority of mankind prior to our century or era, as one afflicted of God, or possessed by an unclean spirit.

The new testament scriptures, seem to have warranted such a view, and the church since Christ, especially throughout its earlier history, has inclined to this belief.

The influence of the moon, among the ancients was so generally allied to madness, that it gave the almost universal name of *lunatic*, to the victim, and *lunacy*, to the state or condition into which, the foul fiend threw the sufferer.

The Insane thus became objects of aversion, suspicion and even abhorrence, to mankind, and there can be no doubt, that all other sources of human misery and suffering, are as a rush light to the sun, when compared to what has been borne, endured and suffered, by the wretched insane, throughout all the ages.

As science now regards Insanity, this is the darkest record in human history against mankind; because, without excuse or palliation, it has shut out, from even its sympathy, these innocent victims of disease, has consigned them to living deaths, more terrible than anything written in the Inferno of Dante, and stricken out of these suffering lives, even the very word "*hope.*"

England has had its traditions, its superstitions, its shrines, its healing waters, its marvellous cures.

SCOTLAND's healing wells are celebrated in verse.

SCOTT says, in MARMION—

"Then to St. Fillian's blessed well,
Whose Spring can frenzied dreams dispel,
And the crazed brain restore."

ST. RONANS' WELL was a place of great renown for the cure of lunatics, and our own poet, WHITTIER, has immortalized in verse, the well of St. MAREE, in ROSS-SHIRE, situated on a small island of Loch-Maree.

"And whoso bathes therein his brow
With care or madness burning,
Feels once again his healthful thought,
And sense of peace returning.

"Oh! restless heart and fev red brain—
Unquiet and unstable,
That holy well of Loch Maree
Is more than idle fable."

The colony at Gheel, dating back more than 1,000 years, owes its existence, and I may say, its marvellous success, to the universal belief in the efficacy, and curative powers of the shrine and church, which has been the MECCA, towards which, for so many centuries, faith has led the pilgrim, children of the Church, to seek its curative powers at the shrine of ST. DYMPHNA. The best authorities date the erection of this church in the 12th century, but it is beyond question that a chapel, on the site of this church, preceded its erection for more than one century at the least.

At the tomb of the Saint at GHEEL, it is idle to deny, marvellous cures were wrought, and, if as Dr. Hack Tuke, in speaking of it, says: "it was the representative of the Ecclesiastical treatment of mental diseases," it is well worthy the consideration of scientists and medical men to-day, to inquire and determine, how, and how far the psychical and psychometrical effect of well authenticated cases of marvellous cures, could beneficially affect the disordered minds of the 16th, 17th and 18th centuries, who came to this shrine to be healed.

Dr. Hack Tuke, in his remarkable work "History of the Insane in the British Islands," gives at length many accounts of the superstitions, and peculiar beliefs of the early Britons, concerning insanity in England and Scotland, which would well repay perusal, to those who desire to know the actual condition of the insane on those Islands, at the commencement of the present century; and the changes that have been wrought there in the condition, care and treatment of the insane.

In speaking of INSANITY, the first natural and pertinent inquiry is, what is INSANITY?

This is a question, that most of the abler writers and alienists, have attempted to answer.

I have for some years been a careful student on this subject, and have thought it would not be uninteresting, to collect the opinions of such of the earlier and modern writers, as have published their views and opinions, as well as of those who are regarded as authorities, in our own time, and who are most conversant with the subject.

At first blush it would not seem at all difficult, to define insanity, so that it would at once, not only be clearly recognizable, but susceptible of marked and well defined characteristics.

Bear with me, while I give you some of the many definitions I am collecting.

The fact, however, is, that very few, if any two, agree upon a definition, and it is safer to say that INSANITY can not be defined at all, by any definition acceptable alike to lawyers, judges and physicians.

The reason is, that among medical men, INSANITY is now regarded as a disease, a physical disorder, and the want of knowledge at the present moment among scientists, of the minute anatomy of the brain, as well as its physiology, and pathology, renders it exceedingly difficult for medical men themselves, to unite in a definition which can accurately define, and scientifically describe, that disease.

LEGALLY considered, INSANITY under the law, in so far as it relates to responsibility for conduct, for acts denominated as crimes, when committed by those not insane:

does not under the laws of English speaking countries, rest upon the question of whether the brain is diseased; so much as it does upon how far the perpetrator, is able to control his action, upon his knowledge of, and capacity to distinguish or discriminate between right and wrong, in the commission of the act, and his knowledge and appreciation of its nature, consequences and punishment.

The medical man, of course, can only when sufficiently educated, speak of the disease as he finds it, and describe it, and its manifestations.

The legal mind can apply the principles of law to the given case, and in human history there seems as yet literally to be no real parallels among the insane. No two cases exactly alike, each case seems almost to be a law only unto itself.

Let us listen to a few definitions, from some of those whose opinions, all would unite in saying, ought to be entitled to weight upon such a question.

I will quote a few, from the older and the more modern authors, from the dead, as well as the living, students of insanity.

JUDGE BROCTON. 13th Century. "A madman is one who does not understand what he is doing, and wanting mind and reason, differs little from the brute."

DR. GEO. M. BEARD. "Insanity is a disease of the brain, in which mental co-ordination is seriously impaired."

DR. JOHN CONNOLLY. The celebrated man who was the PINEL of England, thus defines insanity:

"Insanity is the impairment of any one or more of the faculties of the mind, accompanied with or inducing a defect in the comparing faculty."

PROF. COMBE. "It is a prolonged departure, and without an adequate external cause, from the state of feeling, and modes of thinking, usual to the individual who is in health; that is, the true feature of disorder of the mind."

"A morbid action in one, in several, or in the whole of the cerebral organs; and, as its necessary consequence, functional derangement in one, in several or in the whole of the mental faculties, which these organs subserve."

DR CULLEN. 1. "Madness is an impairment of the judging faculties.
2. "A lesion of the intellectual faculties without pyrexia and without coma."

COPELAND. "Insanity is a deviation or perversion of the natural and healthy state of the mind, as manifested either by the moral emotions and conduct, or by a partial or general disorder of the intellectual powers and understanding."

LORD COKE. "A lunatic *lunaticus*, is one who has sometimes his understanding and sometimes not. *Qui gaudet lucidis intervallis*, and therefore he is called *non compos mentis*, so long as he has not understanding."

LORD CHIEF JUSTICE COCKBURN. (p. 361, Med.-Leg. Journal, Dec., 1884; Vol. 2, No. 3): "As the law, as expounded by the Judges in the House of Lords, now stands, it is only when mental disease produces incapacity to distinguish between right and wrong, that immunity from the penal consequences of crime is admitted. The present bill introduces a new element, the absence of the power of self-control.

"I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control when destroyed or suspended by mental disease becomes, I think, an essential element of responsibility.

"Sir James Stephen proposes that a jury should be allowed to return three verdicts—(1) Guilty; (2) Guilty, but the power of his self-control was diminished by insanity; (3) Not Guilty, on the ground of insanity."

MANUEL DE BIRAN "The insane cannot be classed among the moral or the intelligent; he has neither reason nor conscience, because he has not the power of will. He neither judges nor thinks; he is neither a man, nor an animal; he is simply a living machine, to whom we cannot attribute."

"Je ne suis plus nieme en droit,
d'Attribuer une âme comme la mienne."

ESQUIROL. "La folie est une affection Cerebrale ordinairement chronique, sans fièvre, et caractériseé par des disordres de la sensibilité, de l'intelligence et de la volonté."

LORD ERSKINE. 1800, in Hadfield case. "Delusion, when there is no frenzy or raving madness, is the true character of such insanity as implies irresponsibility."

The great Belgian Alienist Guislan, to whom a statue is about to be erected by his admiring compatriots, says:

GUISLAN. "Insanity is a derangement of the mental faculties, morbid, apyrixial and chronic, which deprives man of the power of thinking and acting freely as regards his happiness, preservation and responsibility."

DR. GUY. "Every person who is insane must be regarded as wholly irresponsible. The law of England should be assimilated to the law of France in the declaration: 'Il n'y a ni crime, ni délit lorsque le prévenu etait un état de démence une temps de l'action.'"

LOCKE. "The madman is one who reasons correctly, from false premises."

Again—"Madmen do not appear to have lost the faculty of reasoning, but having joined together some ideas very strongly, they mistake them for truths, and err as men do who argue from wrong principles."

LELUT. "The insane person is one, who suffers from a disorder of the passions and will, of which he is unconsious, characterized by a lesion in the association of ideas."

MONRO, HENRY, M. D. "Insanity is simply a disease of the nervous instrument of the mind."—*Insanity, by Henry Monro, M. D.* (*Introductory Chap., p. 7*).

MANSFIELD, (Lord Chief Justice,) 1812. (Trial of Bellingham for shooting Percival.) "If a person laboring under mental derangement, were capable in other respects of distinguishing right from wrong, he could not be excused for any act of atrocity which he might commit." He held also, "that it must be proved beyond all doubt, that at the time he committed the atrocious act, he did not consider that murder was a crime against the laws of God and nature."

MOREL, Dr. "Insanity is a cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of his acts, tendencies and sentiments, as well as a general or partial disorder in his ideas."

MERLIN. "Le fou 'dit il' ills ne peuvent. remplir la distinction humaine."

PAGAN. "The loss of control over our actions, which insanity implies, is that which renders the acts which are committed during its continuance undeserving of punishment."

The name, perhaps, held in highest veneration among American Alienists of the recent past is ISAAC RAY, he says:

ISAAC RAY, M. D. "Liberty of will and action is absolutely essential to criminal responsibility, unless the restraint upon either, is the natural and well known result of immoral or illegal conduct."

"Culpability supposes not only a clear perception of the consequences of criminal acts, but the liberty unembarassed by disease of the active powers, which nature has given us, of preserving that course which is the result of the free choice of the intellectual faculties."

Chief Justice Tindal (1843). (McNaughton case for murder of Mr. Drummond.) The jury must consider whether "at the time the act was committed, the accused had that competent use of his understanding, as that he knew that he was doing by the very act itself, a wicked and wrong thing."

Spurzheim. "Insanity is a condition of disease of the brain, in which the patient is unconscious of his disease, and lacks the capacity of distinguishing the diseased functions."

R. Swayne Taylor. "The terms: insanity, lunacy, unsoundness of mind, mental derangement, mental disorder, madness, and mental alienation or aberration, have been indifferently applied to those states of disordered mind, in which a person loses the power of regulating his action and conduct according to the ordinary rules of society."—*Taylor's Med. Juris.*, vol. ii., p. 476.

Justice Tracy (1723). "An insane man is one who does not know what he is doing, no more than an infant, a brute or a wild beast."

Of living authorities, I will cite a few:

The celebrated John C. Bucknill, one of the most distinguished and honored of British Alienists.

Dr. Bucknill. 1. "Insanity is incapacitating weakness or derangement of mind, caused by disease."

2. "Insanity is a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts have separately or conjointly been produced by disease."

Dr. Huggard. "Insanity is a mental disorder, which renders a person incapable of conforming to the exigencies of Society."

Jamieson. "Had the lunatic, at the time of committing the deed, a knowledge that it was criminal, and such a control over his actions as ought if it existed, to have hindered him from committing it?"

Maudsley. "The determination of responsibility, in cases where lunacy is alleged, depends on whether a connection can or cannot be traced between existing disease and the act"

Judge Calvin E. Pratt. "Insanity exists where a diseased brain manifests itself in abnormal action of the mind."

Prof. John, J. Reese. "It is the want of the control of the WILL, and not the want of ability to discriminate between right and wrong, which must be regarded as the true test of mental unsoundness."

Sir James Fitz, James Stephen. "Sanity exists when the brain and nervous system, are in such a condition that the mental functions of feeling, and emotion and willing, can be performed in their regular and usual manner. Insanity means a state in which one or more of the above-named mental functions is performed in an abnormal manner, or not performed at all by reason of some disease of the brain or nervous system."

"A man, who by reason of mental disease, is prevented from controlling his own conduct, is not responsible for what he does."

"If it is not, it ought to be the law of England, that no act is a crime, if the person who does it is, at the time when it is done, prevented either by defective mental power, or by any disease affecting his mind from controlling his own conduct, unless the absence of the power to control has been produced by his own default."

Dr. Andrew H. Smith, one of the Vice-Presidents of the Medico Legal Society, says in reply to my inquiry:

Smith, Andrew H., M. D. "Insanity is that condition in which the functions of the brain, as the organ of the intellect are unnaturally performed. This definition includes delirium, and the various forms of intoxication these being merely temporary forms of insanity."

"With the legal consequences of regarding intoxication as a form of insanity, science has nothing to do. The safety of Society may require that certain insane persons shall be put to death; but they are none the less insane."

"A man is to be held responsible for an act, if he is so far conscious of its nature, as to endeavor to escape its consequences. When a delusion is shown to have been present, if the matter of belief if true, would not have justified the act, the responsibility remains. If, for example, a man kills another under the delusion that his own life is threatened, he is not responsible: but if he kills him because he fancies he has received an injury from him, he is responsible. There can be no rule of universal application: each case must be adjudged for itself. subject to the above general principles Perhaps exception might be taken to the word *unnaturally* in the above definition. An act would be natural to a person born with an imperfect mental organization, which would be natural to persons in general. It is by comparison with this general standard that each case must be judged. The practical difficulty would occur in cases on the border: but that is a difficulty inherent in the nature of the case, and which a defintion could not remove."

Dr. Henry P. Stearns, of Hartford, an Alienist of distinction, replies to my inquiry:

STEARNS, HENRY P., M. D. "Insanity for Medico Legal purposes, is an incapacitating derangement of the mind caused by disease."

"I am not acquainted with a short, and also perfectly satisfactory medical definition of Insanity. The test of criminal responsibility would be, where the parties suffered, from an incapacitating derangement of the mind caused by disease."

That careful student and good lawyer *Mr. Austin Abbott* says, in reply:

AUSTIN ABBOTT. "I do not think we have attained a knowledge of the subject of mental derangement, adequate to enable us to form a single definition, that will be a satisfactory guide in the application of the law. The definitions which abound in the books appear to me, to be useful and indispensable instruments, of analysis and discussion; but the difficulty of framing one which shall be generally applicable in law is this: in the medical sense, the term means such organic or functional derangement of the brain, or affecting the brain, as to require medical treatment, or regimen for the benefit of the subject, or segregation for the safety of others or both."

"In legal usage, the term means, when used in reference to civil rights and liabilities, such derangement as incapacitates the subject from free and intelligent volition or consent, where freedom and intelligence are considered with reference to the nature of the act, for the performance of which the law requires them, and as the degree or character of freedom and intelligence varies with the class of acts in question, the test of legal capacity varies."

"In respect to criminal responsibility, the test now applied under the decisions of the Court of Appeals in this State is, in my judgment, the correct one, for reasons which I indicated in a discussion in the Medico-Legal Society, which I believe is reported in the Medico-Legal Journal."

That test is: the capacity to distinguish between right and wrong at the time of, and with respect to the act in question.

The reasons for excluding the proposal to inquire for the power of choice, are briefly these: that there are as yet no means of ascertaining the non-existence of the power of choice, except through the declaration of the accused; and that declaration could be truly made in the common case of excessive passion, or other inordinate desires; and that it is the just function of the criminal law to develope the power of selfrestraint, where it would otherwise not exist, by inflicting punishment for not exercising it. In other words, it appears to be true in a large class of cases at the present day, as doubtless it is historically, and in the training of animals, as well as of human beings, that just punishment for doing acts known to be forbidden, is a means of creating and developing the power to resist impulses to do them, which otherwise would be irresistible.

Charles P. Daly, Chief Justice. (Common Pleas, 1873. Trial of Geo. Francis Train.) "Defendant's Counsel, Mr. Bell, correctly states the law in this State, as laid down in People *vs.* Freeman, 4 Denio, p. 9. 'That one capable of rightly comprehending his own condition in reference to the proceeding against him, and of conducting his defense in a rational manner is not insane within the meaning of the rule, though on some other subjects his mind may be deranged.' "

Brewster, (Judge). Commonwealth vs Haskell, (2 Brewster, 401). "The true test in all cases lies in the word 'power.' Has the defendant in a criminal case the power to distinguish right from wrong, and the power to adhere to the right and avoid the wrong ?"

T. R. Buckham, M.D. "Insanity is a diseased or disordered condition or malformation of the physical organs, through which the mind receives impressions or manifests its operations, by which the will and judgment are impaired, and the conduct rendered irrational."

"Insanity being the result of physical disease, *it is a matter of fact* to be determined by medical experts, not a *matter of law* to be determined by legal tests and measures." (*Buckham on Insanity, p.* 72.)

Ex-Surrogate D. C. Calvin. "Whenever any function of the mind is so far diseased as to dominate the will, in the commission of the particular act, there is no criminality."

Dr. Ferrier. That the brain is the organ of the mind no one doubts, and that when mental aberations of whatever nature are manifested, the brain is diseased, we take as an axiom —*Mind and Brain*, (*Lond.*) 1879, *p.* 364.

German Code. "An act is not punishable when the person at the time of doing it was in a state of unconsciousness, or of disease of the mind, whereby free volition was prevented."

British Alienists. At the annual meeting of the British Association of Medical Officers of Asylums and Hospitals for the Insane, held in London, July 14, 1864, present fifty-four medical officers, it was unanimously

Resolved.—" That so much of the legal test of the mental condition of an alleged criminal lunatic as renders him a responsible agent, because he knows the difference between right and wrong, is inconsistent with the fact well known to every member of this meeting; that the power of distinguishing between right and wrong exists very frequently among those who are undoubtedly insane, it is often associated with dangerous and uncontrollable delusions."

Pliny Earle. "You ask me for my 'idea of the best definition of insanity.' After studying the subject for years, I at length became convinced that, with our present knowledge, the disease, or *disorder*, is insusceptible of definition, and hitherto I have had no reason to doubt the accuracy of that conclusion, as every attempted definition is a failure. I discard them all; and, in my opinion, there is no one of them sufficiently good to be adopted for use, either by the medical profession or by the Courts of Judicature. Any one of them would embarrass rather than facilitate the action of the legal tribunals. Insanity may be *described*, but not *defined;* and it appears to me that, for the easiest attainment of the ends of truth and justice, it is by far the better way for both lawyers and physicians to avoid all attempts at definition. As another evidence of your skill in propounding conundrums, you ask what, in my judgment, 'should be the legal test of criminal responsibility for acts committed by persons suffering from any form of mental disease.' As there is no perfect definition of insanity, so there is no test, no *experimentum crusis* for it. The most obvious *reason for exculpation* differs widely in different cases. The congenital idiot, or the man in the very lowest form of acquired dementia, commits homicide in a fit of anger. Here, ignorance of all human law, with incompetence to acquire a knowledge of it, is the sufficient excuse. An epileptic, in a violent maniacal paroxysm, kills a man. In this case there is *entire unconsciousness* of the act, and this is the patent reason for his exemption from responsibility. But a majority of the insane retain, to a greater or less extent, their knowledge of human laws, and they do not, when awake, lose their consciousness. They even 'know right from wrong' in the abstract; or, as a rule of general application. But a person in this condition falsely imagines that another person is doing him injury, perhaps seeking his life. Under this belief he takes the life of that other person. Here the only possible ground for release from criminal responsibility appears to be this—that although the homicide 'knew right from wrong' as a general principle, he could not perceive it as applied to his own case. This delusion destroyed his moral perception. And here, as it appears to me, we have arrived at what comes the nearest of anything to what you seek. It is, at any rate, a test of wide, if not of universal, application."

Elliott F. Shepard. "The strict Latin definition of insanity affords the best explanation of the meaning of the word and idea, and that is 'unsoundness.' Any disease of the body is reported to, and has an effect upon the brain. When the brain thus becomes so disturbed, or weakened, or diseased, as to cease to afford a proper support to the soul or spirit in its control of the will, this unsoundness is manifested more or less in the words or actions of the individual. The vigor of the brain, like that of the rest of the body, may be affected without being destroyed, and so may the vigor and control of the spirit over the will; and the accountability of the individual before a human tribunal for his words and actions ought not to be denied or excused for anything less than a substantially entire suspension of the will power. It would be as reasonable to excuse a man from the payment of his promissory note because he had the toothache, or from performing any contract because he was sick, as to excuse him for inflicting injury or violence upon the persons of others, because his mind was partially weakened. Undoubtedly, the criminal lawyers have carried the defence of insanity to an unreasonable point in behalf of their clients; and undoubtedly, the security of society at large demands, that absolute security should be afforded to every individual in the peaceable possession of his person. Those who carry themselves back to the condition of savage life, by attacking others from motives of revenge, jealousy, cupidity, antipathy, or any other reason, would meet only with even-handed justice, if they were to meet with that other condition of savage life—swift retribution in kind. As in Christian communities, mercy has tempered this theory of equal-handed justice, the retribution is to be visited only after a due adjudication; but no exculpations should be allowed to prevail in civilized society that ought not also to prevail in the savage state. The moral color line, which is so much dwelt upon in judicial decisions, upon defences of insanity, is a very flexible one, and dangerous to the public in proportion to its flexibility. Substantially, that line is as follows: If the man has understanding enough to know that a certain act is wrong, and then does it, he is to be punished. If not, not. And as the understanding is very easily muddled, this rule has doubtless often cleared the guilty. If a horse should kill a man, that horse ought to be slain. And it has been asked, If a man is reduced to the condition of a brute, and kills a man, should not also the slayer be slain? And, under such circumstances, would the hanging of a man produce any greater injury than the killing of a horse? Well, those are questions to which our knowledge of the spirit and of eternity is too deficient to enable us to make a satisfactory answer The sentiment in America and England seems to be, that the wisest plan, instead of adopting any cast iron rule, is to leave the decision in each case to the judgment of twelve good men of the country, and I do not know that any better plan will ever be found under human government."

One should be admonished of the unwisdom of attempting definitions. I will give what I should answer, if called upon as a witness, to give my own opinion, as to insanity, and responsibility, as follows:

CLARK BELL. "Insanity cannot be exactly defined medically, from lack of present knowledge of its pathology. Legally considered, it may be regarded as a disease of the brain or nervous system, which prevents the free exercise of volition."

"The test of responsibility under the law for a criminal act, when the defense of insanity is interposed, should be, clear knowledge of its nature, consequences and penalty, with volition unimpaired by disease of the brain or nervous system."

"If a man commits a crime, understanding its nature and penalty, under the law he is responsible, unless suffering from a disease of the brain or nervous system, which prevents the free exercise of his will power. If acting under a delusion which dominates his volition, he is not responsible for his act. He is the victim of his disease."

Vid. also p. 413, Dec. No. M. L. Journal, 1884. Vol. 2, No. 3.

II.

THE CARE OF THE INSANE.

1. *Should they be confined in hospitals?*

2. *Mechanical restraints.*

3. *The best methods of care, both as to incurables, and acute or doubtful cases.*

SHOULD THEY BE CONFINED IN HOSPITALS?

Civilization decided this question in the affirmative *ex parte* long ago. Debate has been closed upon it, for over a century.

The alleged reasons were twofold:

a. That society was bound in self-defense to incarcerate and restrain the insane, to prevent the commission of offenses or crimes, by the insane, who are beyond the restraining influence of human punishments.

b. That the insane themselves had a moral, if not legal, claim on society, to provide and care for them in their affliction, to the best of its ability.

The present century has witnessed the most wonderful changes, in the actual condition of the inmates of Asylums for the Insane, I may safely say, in all countries. It would be imposible for me to adequately describe to you, the frightful, horrible wrongs, inflicted upon the insane, almost everywhere, not only in English Asylums, but in French, and almost all European and American Institutions, particularly almshouses, at the beginning of our century.

In my own time, I have seen, in this State, in a county almshouse, a woman confined in a dark cell, naked, without one shred of clothing, without any bed, but straw to lie upon, no covering, and smeared with her ordure. So kept, because her keepers believed that she could not be clothed, as she would, as they thought, destroy all clothing and covering, and she was so confined because she was regarded as dangerous to approach. Her food was passed into her, as to an animal, and her actual state and condition, was worse than swine kept by the ordinary, and not the humane and careful farmer, and this was not thirty years ago.

Read the testimony of that English nobleman, who was for more than thirty years Chairman of the Lunacy Commission of England, in the evidence he gave before the Select Committee of the British Parliament as late as March 14th, 1859 (pp. 64 and

65, Minutes of Evidence, § 569 ; and p. 35, same Minutes, §§ 304, 306, 307).

This was the evidence of that grand English character, the Earl of Shaftesbury, of whom Mr. Sheil said, in the British Commons: "That this noble lord had added nobility even to the name of ASHLEY, and that he had made humanity one of 'SHAFTESBURY'S' characteristics."

A few years ago, Dr. Alice Bennett, the gifted Superintendent in charge of the Female Department of the State Hospital for the Insane at Norristown, Pa., states that:

"When eighteen woman were sent to her Institution from one of the almshouses in Philadelphia, that had been burned, ten of these women came to her in camisoles, and one had chains upon her feet, all of which she at once removed" (Medico-Legal Journal, Vol. I., p. 293).

In many of the English Almshouses and Asylums, chains and rings were on every bed-post and at every table, in the early part of the present century.

We may say in America that the misery of the English Almshouse, was our inheritance from the mother country. Asylums for the Insane did not exist in the American States, until a quite recent period, with the single exception of that at Williamsburgh, Va., founded in 1773.

The Friends' Asylum was established in Philadelphia in 1817, forty-two years later, which was succeeded later by those at Somerville, Mass.; Bloomingdale, N. Y., and Hartford, Conn.

There could have been scarcely one single ray of light, upon the condition of the insane in this country, until near the close, of the first quarter, of the present century.

In the exposition made by the celebrated D. HACK TUKE, in his recent work, "The Insane in the United States and Canada," (H. K. Lewis, London,) 1885, of his visitation made as late as August, 1884, to Longue Pointé Asylum, Quebec (pp. 193, 194, 195, 196), he speaks of incredible abuses borne there by the insane patients.

It was just before and at the beginning of the present century, that PINEL began his great work at the BICETRE at PARIS. At the same time, or shortly before, the elder Tuke was laying the foundations at YORK RETREAT in England for a government of kindness and love rather than of fear and force. These two were working unknown to each other. Then came the era of the magnificent work of DR. JOHN CONNOLLY in England, and later, of JOSEPH GUISLAN in Belgium, that led up through a series of struggles which culminated in ENGLAND, in the Bills of 4th and 8th August, 1845, under the splendid leadership of the EARL OF SHAFTESBURY, which have been aptly styled, "The Magna Charta of the Liberties of the Insane." I mean the Acts of 1845, as amended later in 1853.

Here was laid upon solid and secure foundations, the complete system, of a permanent and able Lunacy Commission, with powers of visitation and supervision over asylum management, Superintendents, and officers, Statutory enactments, that have been far in advance of our American legislation, upon these subjects in any of the American States.

With this grand forward and upward march, came in France, Great Britain, Belgium and the German speaking countries, the abolition of chains, mechanical restraints, and the new doctrine of love, tenderness, care and humanity, in the treatment of the insane in the great institutions of Continental Europe, and Great Britain.

Not so in America. We did not keep step to the march or music, of that grand advance.

True, we had our great names who deserved to stand in the same glorious galaxy, with as shining lustre, Isaac Ray, Pliny Earl, Luther V. Bell, and their confreres of to-day, Dr. J. C. Shaw, of Flatbush Asylum; Dr. W. W. Godding, of Washington; Dr. Alice Bennett, of Pennsylvania; Dr. P. M. Wise, of Willard; Dr. J. B. Andrews, of Buffalo; Dr. A. E. Macdonald, Superintendent Institution for Insane of New York City; Dr. W. B. Fletcher, of Indiana Asylum; Dr. Bryce, of Alabama; Stearns, of Connecticut; Carlos MacDonald, of Auburn; Buckmaster, of Wisconsin; McClellan, of Illinois; Dr. Trautman, of Ward's Island, New York City, and others too numerous to name here.

That every insane person, should not be confined in a hospital, must now be conceded by all.

If a lunatic is harmless, whether curable or incurable, an asylum is probably not, the best place for that person. In many respects, the best asylum, would be almost the worst place, for the patient, in such a case.

If the restraints, and the feeling of imprisonment, and of force, which pervade and are a concomitant of asylum life, and proper discipline (because asylums cannot be successfully maintained without discipline, and good discipline too), are not an aid to recovery; and if recovery is what is regarded as most desirable, a hospitable or asylum, is not the safest or best means to obtain the desired result, in a large proportion of cases.

The law of commitments in this State, does not discriminate between the harmless and violent, or between homicidal or suicidal cases.

If the State Commissioner in lunacy, would exercise the powers conferred upon him by our law, and reconstruct the form of the affidavit of physicians, more like the English plan—if it required that the examinations by the physicians, should be made separately and not together—if the physician should be compelled to discriminate in his affidavit between what he observed himself, and what he was told by others, if he was obliged to give the sources of information derived from others, state in detail, the nature, character and manifestations of insanity, their duration, whether first, second or third attacks, and so describe them as to indicate, whether confinement in an asylum or hospital, was not only necessary, but offered the best chance of their recovery, we could, under our present statute, make a great advance from our present state.

The glaring defect in our system, is: That we have no Board or officer, with authority or power, over Superintendents, or officials, as the English Commissioners have.

Our Lunacy Commissioner in New York is powerless to dismiss, and as for visitation. after English ideas, he could not personally visit each insane person confined in this State once in four years, when, as under the English System, each insane person should be personally seen, conversed with, and inspected by some one member of the Board, three or four times in each year.

As all our Communities and States stand committed, to Hospitals for the Insane in this Country, we have, in all the American States, or nearly all, gone headlong, and at almost a galop, into the most lavish, profuse, and prodigal expenditure of money in the construction of Hospitals for the Insane. The outlay has in many instances, been simply prodigious, and some of our great Institutions are of the most expensive and pretentious character, very impressive, and even splendid in their architecture and surroundings. This has not been an unmixed evil. It has resulted in good in many ways. We care for those things which cost us much, and most for those which cost us most. The equipment of a first-class and expensive palace, must needs be on a scale commensurate with its mission and purpose. Superintendents of Asylums under our System have not been the leaders in, or causes of, the lavish expenditures, in building these structures.

They have asked for increased and better facilities, for a larger medical force, for increased and better paid, and more competent attendants. and in ratio to their success, in obtaining these demands, has been the standard of the morale of the inmates, within their institutions.

This brings us face to face with the second question.

III.

MECHANICAL RESTRAINTS.

The position of the Alienists of Great Britain and Continental Europe, standing practically as a united phalanx, in favor of, and practising the abolition of mechanical restraints, for now more than a quarter of a century, is in strange, not to say remarkable, contrast with the divided ideas of the American Alienists, and asylum superintendents, upon this question in the quite recent past.

Dr. HENRY MAUDSLEY told me on the occasion of his last visit to this country, that he never used a camisole in his life, and that no such implement was ever in use, in any asylum with which he was connected.

I doubt if such a thing as a crib could be found in any public institution in GREAT BRITAIN, FRANCE, GERMANY or BELGIUM.

Permit me to give extracts from the evidence of certain asylum superintendents and alienists before a Legislative Committee in this State, May 6, 1879, regarding Mechanical Restraints not ten years ago.

Dr. Nichols, Superintendent of Bloomingdale Asylum:

> "I do not use the crib at Bloomingdale. I do not consider it a barbarous method of restraint. It was in use at Utica when I was an assistant

there; and, therefore, I have had some personal knowledge of it. I think there are some patients who can be restrained in a horizontal position, and their rest and sleep obtained better by its instrumentality than by any other means.

"Dr. Ordronaux—I would like to ask Dr. Nichols a question. Here is an extract from a paper* giving an interview with Dr. Hammond, which contains the following:

"Reporter—Can you give me an example of the confinement of a patient in a crib having ended fatally?

"Dr. Hammond—A very recent one. A patient was sent to the Bloomingdale Asylum by a very distinguished physician of this city. Do not mention his name; but in case this statement is called in question, he is ready to come forward and support it publicly. The patient was put into a crib the same night that he entered the asylum, and the same night he died—died in the crib.

"Reporter—What was the predisposing cause of his death?

"Dr. Hammond—Congestion of the brain; you know very well, or you did know when you were a boy, that if you stoop down with your head between your legs your head feels dull. How much greater must be the compression if a man's head is already congested, and he is compelled to remain in a recumbent position? It is simply a question of mechanics."

"Dr. Nichols, have you known of the case here described?

"Dr. Nichols—No such case has occurred since the institution has been under my charge."

Dr. Chapin, then Superintendent of Willard Asylum

"We have not introduced the crib into the asylum; I do not consider it a barbarous means of restraint; we have as substitute what is known as the Wyman bed-strap; I do not think there is much objection to the crib for patients who are much debilitated; it is mostly used in acute cases in my experience; the average death rate in the asylum is six per cent.; restraint has always been more necessary for men than women; the record of restraint upon the day of my leaving home was for the previous twenty-four hours, five woman among 754; the number of men restrained was twenty-seven among 655; the amount of restraint, I think, has been very much reduced by having a daily report made of it, by inquiring of attendants, and noticing the daily report; the restraint used in our asylum is the muff and the camisole; the camisole is a jacket made of endless sleeves; the muff is a leather instrument with two bands, encircling the wrist, from which the patient is unable to withdraw his hands."

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*Cincinnati Daily Inquirer, November 18th, 1878.

Dr. S. H. Talcott, Superintendent, Middletown Asylum:

"Restraint has never been used except at the instance of myself or one of the assistant physicians; we have 171 patients; we have the restraint or crib bed; we have, at the present time, a patient who sleeps in one of these beds; I do not consider it as barbarous or inhuman; I consider it as an exceedingly proper thing to use in some cases where patients would be likely to destroy themselves."

Dr. J. M. Cleveland Superintendent, Poughkeepsie Asylum:

"We have not used the crib within a year; we dispensed with it, owing to the prejudice which seemed to be increasing in the community against its use; I think it is a form of restraint which should be used at times, but I think it should be used very cautiously; I think some patients would be seriously injured by its use; I think it is the most humane form of restraint possible for patients who are constantly out of bed, who would not sleep, and who would exhaust themselves."

Dr. Gray, Superintendent, Utica Asylum:

"Restraint is only applied by order of the physicians; the restraints we use are the camisole, restraint belt; and occasionally the muff; these have all been described in the annual reports of the asylum made to the Legislature, and their uses fully explained; in regard to the crib, I found it in use when I went to Utica, having been introduced by Dr. Brigham in 1846, who was then superintendent; it was not at that time as comfortable as now; the only thing I did was to make it more comfortable and easy for sick patients, and I always believed it to be a very humane method of treatment for certain cases who are feeble and anæmic, in securing a horizontal position, and for feeble persons who would get up at night and stand till exhausted, or put their heads out of the windows and expose themselves; it is a long time since we have used what Dr. Chapin has described as the bed-straps; it was a question with me whether to use the bed-strap or the crib; in my judgment, from the use of both, I incline to the use of the crib; this should always be prescribed by a medical officer, and it is—just as the medicines are."

Dr. Wm. A. Hammond:

"Q. Look, doctor, at the eleventh paragraph, which reads: 'Is the superintendent consulted whenever forcible restraint is required, and is the duration, manner, and result of this mechanical restraint duly recorded in a book kept for the inspection of the Commissioner in Lunacy and of the courts?" Do you know of any asylums in which the superintendent is not consulted?

"A. I know he is not at Bloomingdale; I know it is not so at Ward's Island; nowhere else of my own knowledge.

"Q. The thirteenth paragraph reads: 'Did you ever employ the barbarous and injurious means of restraint known as a crib?' What do you know of that matter?

"A. I know the crib is employed in a number of institutions.

"Q. Do you consider it a 'barbarous and inhuman means of restraint?'

"A. I most certainly do.

"Q. Is it considered, by the medical profession, to be a barbarous and inhuman means of restraint?

"A. Yes, sir.

"Q. By the medical profession as a whole?

"A. I think so, sir.

"Q. Do you know, as a matter of fact, that there is not an asylum superintendent in this State who considers it as 'barbarous and inhuman?'

"A. I think they consider it quite the contrary, and there is where they are wrong; I think the medical profession generally is opposed to them on this subject.

"Q. Is it your opinion that the majority of medical experts in this country consider the use of the crib bed as 'barbarous and inhuman?'

"A. Most decidely; of course, you know. it is quite impossible to obtain the number of medical men who are, or who are not, in favor of it; you might, perhaps, get a hundred to say that it was not cruel, and I could get a hundred on the other side.

"Q. You seem to use this expression: 'Do you ever employ the barbarous and inhuman method of restraint known as a crib,' as if the medical profession and the public so generally regarded it?

"A. I never mentioned the subject of the use of this restraint to a physician, outside of a lunatic asylum, who did not disapprove of it; not only is this true, but it has been condemned by some of the most eminent alienists of the world; I do not believe the superintendents use it from any purpose to he inhuman.

"A. Do you think you could obtain, from any conscientious superintendents using the crib, an affirmative answer to the question: 'Is the crib barbarous and inhuman?'

"A. I think, if I employed it, I would hardly say it was barbarous or inhuman; I think myself that that paragraph is too strongly worded; so far as the idea is concerned, I fully indorse it; I do not mean to say that these gentlemen use it from any idea of being barbarous or inhuman.

"Q. Would you not consider it a fair conclusion by a layman, in reading this paragraph, that the use of the crib was barbarous and inhuman?

"A. I could not say about that.

"Q. Did you ever see a patient restrained by a crib?

"A. Yes, sir.

"Q. How many times?

"A. Two or three times.

"Q. Did you know anything about the condition of the patients who were restrained?

"A. No; but I know pretty positively, as well as I know anything else, that a patient died in a crib, in an asylum not far from New York City.

"Q. Did you know anything of the antecedents of the case?

"A. No, sir; but I know, from my knowledge of humanity, that the crib is a barbarous and inhuman mode of treatment; have you ever seen the crib?

Senator Goodwin—I have.

Dr. Hammond—Then you have seen its dimensions; it is not as big as a wild-cat's cage; perhaps as wide as this table, about two feet six inches high, and shut in at the top with iron bars, with a spring lock attached; in this the patient is put upon his back; he cannot rise to a sitting posture; I know that nothing can be more injurious than that for an acute case; this is exactly what allows conjestion of the brain to take place with the utmost facility; it is like a child's crib, except that the patient is locked up in it.

"Q. Is there any great difference between the use of the bed-strap and the use of the crib? Can a person rise who is confined to bed with straps?

"A. Probably not; no, sir; I think that is just as bad, or almost as bad, as the crib; there is this difference: you may strap a man in bed in a sitting posture; in the crib, no matter how much blood there is in the patient's head, he is obliged to lie down.

"Q. You say that the crib is 'barbarous and inhuman.' Is that not simply a difference of opinion? Do you take the fact of its being used as an evidence of mismanagement in an asylum?

"A. I should not like to say that it was; it is evidence of a bad practice and bad management, but not mismanagement.

"Q. Any system, then, that is practiced in an asylum, which does not coincide with your views on the management of insane, you regard as a bad practice?

"A. I do

"Q. Would you consider the fact of a difference of opinion existing in regard to the use of restraint to be a subject-matter for a memorial to the Legislature?

"A. Decidedly so; the practice should be restrained by law.

"Q. Do you think that a legislative committee composed of laymen would be a proper body to determine the question as to whether a certain system should or should not be adopted in asylums?

"A. No, sir; they would not be a competent body to say whether or not the crib should be used; the Legislature should appoint a committee to investigate the management of the asylums of the State of New York; if they find, after receiving the evidence of medical men, it is not a good thing, let them do away with it; I do not think that any of these gentlemen would be competent to advise the Legislature in this matter; if this committee had the power to act upon the matter, I should know better what opinions to express; if this committee was the one which was charged with the duty of investigating asylums.

Dr. W. J. Morton:

"I think restraint is applied without the consultation of the Superintendent at Ward's Island; nowhere else, to my knowledge; I also think the use of the crib is barbarous and inhuman.

"Q. Doctor, if it was sworn to by every one of the superintendents of insane asylums in this State, whose experience ranged from twenty-five years to five, that, in their judgment, the use of the crib was not barbarous or inhuman, would it have any effect upon your mind?

"A. Not the slightest.

"Q. Suppose these physicians were to tell you that this crib was the best mode of bringing about a certain desirable condition of mind and body in the patients, and that this was their experience after a study of some twenty-five years, would that make any impression upon your mind?

"A. I should prefer to take my own judgment.

"Q. Where there is a difference of opinion in the profession, upon a point like this, would you consider it as a matter of legislative inquiry?

"A. I think this is more than a difference of opinion; I think that the majority of physicians are opposed to this violent means of restraint.

"Q. Have you ever talked with any physician connected with a lunatic asylum of the State upon the use of the crib?

"A. It has been spoken of between Dr. Macdonald and myself while in the wards; with no one else; I never have spoken to a physician out of the State.

"Q. Your opinion, then, is formed upon your own idea?
"A. From what I have seen; one case is as good as a dozen."

Now, as a piece of not quite cotemporaneous literature, let me quote from the report of the Engish Lunacy Commissioners, to the Lord High Chancellor, made to the English Parliament in 1844, and printed before the passage of the Memorable Bills, but one of the ablest State papers, ever yet presented in any country, in the movement for Lunacy Reform. See what this celebrated Commission with Lord Ashley, chairman, recommended, and after specifying every asylum in Great Britain thereupon the subject closes with the following:

"Whatever may be the means or forms of control exercised over the persons of patients, or whatever the degrees in which the application of this control may be varied in different Asylums, we have the gratification of reporting to your Lordship that in every public and private Asylum in the kingdom, which is well managed, bodily restraint is not permitted, except in extreme cases, and under the express sanction of a competent superintendent. The unanimous opinion of the medical officers and superintendent of these public and private Asylums is, that the diminution of restraint in the treatment of lunatics has not only lessened the sufferings, but has improved the general health and condition, as well as promoted the comfort of the insane. We entirely concur in this opinion. * * * * * again:—

"The Medical Officers and Superintendents who adhere to the system of absolute non-coercion, never using mechanical restraint, even in cases of extreme violence argue:

"1st. That their practice is the most humane, and most beneficial to the patient; soothing instead of coercing him during irritation; and encouraging him when tranquil, to exert his faculties, in order to acquire complete self-control.

"2. That a recovery thus obtained, is likely to be more permanent than if obtained by other means; and that in case of a tendency to relapse, the patient will, of his own accord, be more likely to endeavor to resist any return of his malady.

"3. That mechanical restraint has a bad moral effect; that it degrades the patient in his own opinion; that it prevents any exertion on his part; and thus impedes his recovery.

"4. That experience has demonstrated the advantage of entirely abolishing restraint, inasmuch as the condition of some Asylums, where it had been previously practised in a moderate and very restricted degree, has been greatly improved, with respect to the tranquility and the appearance of cheerfulness among the patients in general, after all mechanical coercion has been discontinued.

"5. That mechanical restraint, if used at all, is liable to great abuse from keepers and nurses, who will often resort to it for the sake of avoiding trouble to themselves; and who, even when well disposed towards the patient, are not competent to judge of the extent to which it ought to be applied.

"6. That the patient may be controlled as effectually without mechanical restraint, as with it; and that the only requisites for enabling the Superintendents of Asylums to dispense with the use of mechanical restraint, are a greater number of attendants, and a better system of classification amongst the patients; and that the additional expense thereby incurred ought not to form a consideration where the comfort of the patients is concerned."

Is it not a marvel that the English Asylums and Lunacy Commissioners, as early as 1844, before the passage of their grand law, were nearly half a century in advance of some of our Asylum superintendents in America, in 1879?

The UTICA influence, however, was felt, and as it seems to me, put back the shadow upon the dial, of the progress of Lunacy Reform in America for almost a decade.

But truth advances with stately steps. Her march, although in time triumphal, is sometimes painfully slow. Asylum superintendents, one after another, year after year, are leaving off the use of Mechanical Restraints. I clip from the UTICA OBSERVER, of January 21st, 1887, the following statements made by Dr. Blumer, the recently appointed Superintendent of the State Asylum at UTICA, to that journal, which, I think, looks, like the beginning of the end of Mechanical

Restraint, in State Institutions, in New York, and, indeed, in American Institutions everywhere.

DR. BLUMER is reported to have said:

The introduction of non-restraint, in the treatment of the insane, has long been, one of my most cherished schemes. There is, in my mind, not the slightest question, as to the superiority of this new system. New, did I say? Let me read to you what Dr. Conolly, the father of non-restraint, said over forty-seven years ago:

"I was physician to the Hanwell Asylum about fourteen years. The number of patients was generally 900. After the 21st of September, 1839, no form of mechanical restraint, was employed with my knowledge, or my sanction, by night or by day, until my resignation in 1862, except in a few surgical cases, for the temporary security of the patient. Recollecting the state of some private asylums, which I visited officially thirty years ago, I feel perfectly assured, that the amended treatment practiced since that period, and especially the disuse of mechanical restraint of all kinds, has been productive, of an incalculable amount of advantage to the insane. The general tranquility, comfort and satisfaction visible, in all well conducted asylums, public and private, attest this in the strongest manner. Fewer accidents occur; revenge is seldom excited in the minds of the patients, scenes of violence are seldom or never witnessed, the patients manifest no terror; and on recovery, retain no sense of degradation: often after leaving the asylum coming to it again, as voluntary visitors to associates and friends, of whose good offices they are fully sensible.

"Signed, J. CONOLLY, M. D."

The good seed, scattered by Dr. Conolly has fallen, much of it in barren places, but to-day the old mode of treatment, is condemned by the foremost alienists. By non-restraint I do not mean the absolute discontinuance of mechanical appliances under all circumstances whatsoever. No man who is not a fanatic on the subject, could possibly declare *a priori*, that there was no extreme case among the manifold phases of insanity, in which the application of restraint, might not be justifiable. Such cases, however, are extremely rare, and generally where the restraint is applied for so-called "surgical reasons." I have yet to learn that any Superintendent, who has once faithfully and conscientiously, tried the system of non-restraint, has shown any disposition to return to the old method.

The principle of non-restraint is no new thing in Utica, though it has not always been rigorously lived up to. There have been times before in the history of this asylum, when not a single patient has been in restraint. It has always been claimed, that the minimum of restraint was used, but when its use is practically prohibited, there can be no question as to what that minimum means.

As regards the "Utica crib," I am willing to admit, that there are cases in which its use is justifiable. Such cases are very infrequent, however, and, in view of the great reproach that attaches to the so-called "Utica crib," I think we are consulting the interests of the greater number, when we abandon its use entirely, and substitute an alternative method of treatment, say the detailing of special attendants, to watch special cases, by night and by day. Over a year ago, a great number of covered beds were sent to the storeroom, and it was not found necessary, to return them to the wards.

The non-restraint system, is in practical operation in many State Asylums, throughout the country, with the most satisfactory results. I may mention in this State, the Asylum for the Insane at Ward's Island, which I visited last Sunday, and where I found 1,702 patients, and where no one was restrained. Dr. Trautman, the Superintendent, informed me, that for a period of four years, he had not had occasion to use it. Similar testimony comes from Dr. Carlos F. McDonald, at the Asylum for Insane Criminals at Auburn, and Dr. J. B. Andrews, of the Asylum at Buffalo, is also an advocate of the new method. At the Willard Asylum for the Insane, under the able administration of Dr. Wise, with a population of over 1,800 patients, occasion arose for the use of restraint in the cases of but four individual patients during the year just closed. Let me read what the Superintendent says in this connection :

"It has been found expedient and desirable, to reduce the use of mechanical restraint, by the substitution of attendants, willing and able to give patients, their personal care instead, and the occasion for its use does not now exist, except in rare instances."

In the Alabama Insane Hospital, at Tuscaloosa, which I visited last fall, and where I found over 700 patients, I was told by the Superintendent, Dr. Bryce, that mechanical restraint had, for the four years past, been entirely discontinued in his institution, and in his report, which I have just received, he re affirms in the most emphatic manner, all that he has previously claimed in behalf of the new departure.

IV.

BEST METHODS OF CARE OF THE INSANE.

How shall the insane be cared for? What changes are needed in our present Asylum System?

What shall be done with the harmless, the inoffensive, but incurable insane?

These are the problems of the hour.

As not every insane person is benefited, by being placed in an asylum, our minds are turning to the example of the Colony for the Insane at GHEEL, BELGIUM.

The experience of ten centuries has shown the utility, the beneficence, the humanity, of this grand, this splendid effort.

BELGIUM is behind no country in the ability, the talent, the earnestness, and the intelligence of her alienists.

Whatever may be said by the alienists of other countries, I have never heard the name of one Belgian who did not speak in praise of the Colony AT GHEEL.

The Government has determined to found another Colony, and has done so recently at LIERNIEUX, after the plan of Gheel.

OUDERT, whose death was chronicled in the December number of the *Medico Legal Journal*, has linked his name indissolubly with this great work.

How will this System of Family Care of the Insane work in America? What would be the effect on 60 per cent. of the present inmates of Asylums, if they could be removed into homes (one, two or three in a family), where they would be kept and cared for, by the women of the household, have no bolts, bars or other asylum restraints, and be free from that feeling of incarceration and imprisonment, which is uppermost in the mind of the insane, and stands oftentimes so much in the way of their cure?

A word about GHEEL. It is a village in which nearly every inhabitant takes from one to three insane persons, to take the whole care of.

These people, their fathers and mothers before them, for centuries, have had the care and charge of the insane, as members of their families. The system is family life, and that, for the insane, has its charm, and doubtless is the secret of its efficacy and success. The utmost liberty of action, is given, no bolts, bars, restraints; none whatever. Each inmate comes and goes as he pleases. The cures are wonderful and remarkable. In 1885, there were 1,653 patients in GHEEL living thus in private families. Dr. Peeters, one of the most competent of the Belgian Physicians, is Medical Superintendent of the Colony, and he has an able corps of assistants. The Government has named seven Commissioners, who are Supervisors, and the Governmental Inspector General of Insane Institutions has also, as we believe, this Colony under his supervision.

There are two clinics, each in charge of a medical man, and six visiting attendants. Care, food and clothing is left to the family in which the lunatic resides. Dr. D. Hack Tuke reports in his Journal (*Journal Mental Science*, January, 1886, p. 481), the result of his personal observations on a visit made in September, 1885. The town (Kempenland) has a population of 11,000, the village of 5,000. There are 3,025 homes, of which 1,100 receive lunatics.

There are 160 *Hotes* who take charge of the better class or paying patients, and there are about 1,000 "nourriciers" or those who take charge of the insane. The people are mostly small farmers.

The colony is divided into two sections, over each of which is placed one medical man and an assistant, and under these sectional physicians are six "guards," or what may be called visiting attendants.

One of the most difficult problems of asylum life is to know how to successfully manage the insane of filthy habits. Dr. Tuke says, in this regard, of Gheel, that Dr. Lentz, superintendent of the asylum at Tournai, said to him "to place those of dirty habits in the family of a care taker or nurse, is to remedy every inconvenience."

The highest sum paid by a private patient was £200 a year. The scale of such payments is £16, £20, £28, £40, £48, £80, £96, £120, £144, depending on the accommodations furnished.

The cost to the government of the indigent patients is divided into three classes. The clean, the dirty and the semi dirty. The first pay 8d. per day, of which 6d. goes to the nurse for board. The second class pay 10¾d. per day, of which 9¼d. goes to the nurse. The semi dirty pay 9d., of which 7d. goes to the nurse.

Belgian pays 11d. per day for her inmates in her insane asylum, so that the Colony at Gheel is to her an economy.

The new Colony at LIERNIEUX was founded because at least 2,000 of Belgian insane in institutions as Mr. Oudart contended, would be better off in such a Colony, and the government would save the difference, besides obviating the necessity of constructing new asylums at great cost, and leave more room for the inmates when these were removed.

At Gheel, 72% of the insane are furnished employment; nearly 400 men and nearly 100 women were employed on the little farms and in the fields, while many more of the women were working indoors, and in making lace. Among the men, some work as masons, painters, carpenters, tailors, care being taken by Dr. Peeters that there shall be plenty of occupation; "yes, fatigue, rarely; overwork, never;" and that all service merits remuneration.

Notwithstanding the unusual freedom and liberty of action, no homicide has occurred since 1850, thirty-six years. Only one instance where a patient had offered violence to the daughter of his care keeper. Since 1878 no fire has occured at Gheel, attributed to the act of any patient!

Suicides are very rare, and as to illegitimate births, only three or four in the whole colony in 10 years! In one of these cases, due to an oversight in allowing an insane woman of known erotic tendencies to be placed in same house with an epileptic, both of the troublesome class. Dr. Chas. W. Pilgrim corroborates Dr. Hack Tuke, as to fires, homicides, suicides and illegitimate births, but claims that patients with known homicidal, suicidal or dangerous tendencies are not sent to GHEEL (Amer. Journal of Insanity, July, 1886, pp. 320, 321). No restraint can be used without Dr. Peters' permission.

I have had under observation for some time, cases of inmates of institutions, regarded by able physicians as not only Chronic Insane, but of the most destructive and violent types, while closely confined, who changed their whole demeanor and conduct the moment their restraints were removed. Freedom from restraint and from confinement, seems almost to have worked a cure in itself. They became peaceable, tractable and capable of self-control. Most superintendents must see similar results in their experience.

DR. WISE, the able superintendent at WILLARD ASYLUM has closely observed it, and mentioned it to me.

The value of out of door work, especially upon farms, or in agricultural pursuits, cannot be over estimated. The Superintendents of our large asylums, recognize the value of this wonderful aid in the care of the insane, and in their control and cure. Dr. E. A. Macdonald, Superintendent of the New York City Institutions for the Insane, was asked: "Where are your violent cases, Doctor?"

"There they are, at work, digging and casting off that earth," pointing to a group of laborers leveling the ground.

No matter how excited a lunatic is, he will work out of it, if furnished with hoe and shovel! The new provisions for the New York City Insane, look to a large farm and constant, regular out door employment, as one of the best agents and auxiliaries in the matter.

MASSACHUSETTS is ambitious not to be behind in this great work.

She passed in 1885, an act, authorizing her State Board of Lunacy and Charity to arrange for boarding out lunatics of the chronic class.

(Chap. 385, Law of Mass., 1885.)

Through the kind courtesy of F. B. SANBORN, of Boston, Secretary of her Board of Lunacy and Charity, I have received the circulars sent out last year, to the subordinate officials in that commonwealth, introducing the new system.

Thus has the begining of the new departure been made. The seed has been sown here in New York, and should take root, during the present session of the Legislature.

It has worked well in SCOTLAND, and the experiments in GERMANY are promising.

We are on the eve of important forward movements in AMERICA, for the welfare of the Insane and a general improvement in their condition, as well as their care and treatment.

The English Lunacy Commissioners, commenced in 1885, some work of this character. They report that seven idiot boys out of the Sussex Asylums, were placed in adjacent cottages, and boarded out, while 62 patients from this asylum, were discharged, either relieved or improved, to work-houses or care of friends.

They also report that on January 1, 1885, there were in England and Wales, 5,896 pauper lunatics, boarded out in private houses, or living with relatives and friends, being above 8.28 per cent. of the whole number of pauper lunatics in these countries. The Superintendents of English Asylums in same year, reported that 4,000 of their patients could, with propriety, be transferred to pauper workhouses.

The experiment in SCOTLAND shows, that in 1885–1861, pauper patients were in private dwellings, but only 926 of these are boarded with strangers. KENNOWAY, in FIFESHIRE, is a place where considerable numbers are placed in SCOTLAND, but there is NOT in SCOTLAND any colony at all comparable to that of GHEEL.

In Scotland, these patients are not concentrated in one place, as at GHEEL, but are scattered all over the Kingdom. The Scotch Commissions place it on the true ground.

They make this arrangement for their patients, "Because treatment in asylums is forced on us, * * and if there is a class of the Insane, for whom asylums are not necessary, it becomes a duty to endeavor to provide for them in other and more ways." (Report of Scotch Lunacy Com., 1885, p. 131.)

These practical Scotchmen mean, that as a matter of both duty and economy, it is better to arrange for the boarding out, of quiet, inoffensive, harmless, chronic and incurable insane in private families, with proper supervision, and suitable medical care, than to either crowd them into asylums, or build new asylums for them.

In America we are still in the era, of building asylums, but we are on the eve of calling a halt, and asking our Superintendents, to report how many quiet and harmless insane, could safely be placed in private families, to do light work. and have plenty of air, exercise and freedom of action.

MUSIC has exercised a wonderful curative and tranquilizing power over the disordered intellect, to which much greater stress was given by the ancients, than with us.

The sweet strains of delicious music, will quiet the most excited and raving maniac,a thousand-fold quicker and more completely, than any of the barbarous appliances of chains, or force in any form, and cheerful and merry companions, pleasant surroundings, and good cheer, will restore the light of reason, better than medicines, or bolts or bars.

These aids were better understood by physicians of the past, than of the present, and asylum superintendents who will study attentively, the influence of these, aids to diseased brains, will be astounded at the results they will meet. *Amuser toujours amuser* should be the motto of asylums.

V.

CORPORAL PUNISHMENT OF THE INSANE.

I think such an idea is an outrage upon our civilization.

It is clearly in violation of the existing laws to punish an insane person for any reason, much less for an offense.

If, by the law, an insane person is held not responsible before the law, for his acts, how can he under the law, be made a legitimate subject of punishment ?

"If anyone is to be struck in an asylum, let the attendant or keeper, be the anvil, not the patient," said the talented THEODORE MEYNERT, of Vienna.

An attendant or keeper who, under any circumstances, struck an insane patient, should be at once discharged, and then punished.

The brutality of attendants is proverbial. Superintendents should keep a very watchful eye upon them, and the morale should be raised, and the standard of excellence advanced.

One good attendant. is worth two poor ones. One kind attendant, with *savoir faire*, is worth two brutal ones, with the idea of coercion by brute force.

VI.

INSANITY AND CRIME.

LEGISLATION.

At the root of all reform, at its fountain head, and source, stands the Legislature—the law making power. It must work from enlightened public sentiment, and upon intelligent inquiry. The advance was made in England, by Parlimentary Inquiries. It can probably be only done so here, or can be so best done.

In Pennsylvania, Governor HOYT, named a commission without legislative enactment, and requested them to report to him, as Governor.

He made their report, the basis of his executive recommendation, to the Legislature of Pennsylvania. From this, came the new Pennsylvania law, by far the best on any of our American Statute Books.

We should ask the Legislature, to name a commission, if our own Governor does not name one. The Lunacy Statutes need practical changes. No one pretends, to defend the sections upon commitment, of the insane.

These statutes as they now stand upon our Statute Books, violate natural rights, and conflict with the organic law.

AS TO INSANITY AND CRIME, the law should advance with the progress of science, *pari passu*. It is a disgrace to our civilization, to hang the insane who commit homicides.

Seventy per cent. of the inmates of asylums, can discriminate between right and wrong, and know that such and such an act, is against the law, and will bring punishment.

Under the law, as charged by the Court, in Guiteau case, he would have been held guilty by any jury.

When reason is so far unbalanced, that the liberty of the citizen, threatens the life, the property or the security of others, society has the undoubted right, to suspend the personal liberty of the citizen, but this can only be done, by due process of law, and in a judicial proceeding.

It is a simple mockery of justice to say, that on an affidavit of two physicians, who may have never seen a case of insanity, a citizen can be placed in an asylum, as insane for five days, without the order of a Court, or Judge.

A Judge should be required, either by statute or public sentiment, never to sign such a commitment, without he has had a preliminary examination, satisfactory to his mind judicially, that the person charged is not only insane, but that he is a proper case, to go to the asylum. In every case, where the slightest doubt exists, the Judge should pass in the same manner, that he would on *habeas corpus*, sued out by one charged with wrongful imprisonment.

The legal mind, should be brought nearer to the medical view of insanity, and tests of *responsibility* will follow in true sequence. Proper care and confinement, in an asylum for insane criminals, so called, is much better for our civilization, and far more so for a lunatic, than the scaffold.

Executions, at best, are horrible pictures, no matter from what angle the light falls upon them, or through whatever colored medium may we regard them.

It is a glaringly, horrid, and lurid spectacle in this age, so near the close of the 19th century, to see erected near the *tribunals* of a free people a *scaffold*, on which the law suspends, from a mistaken or distorted notion of its own majesty, the dangling form of a lunatic bereft of reason, as punishment for a supposed crime.

I think it was CHARLES SUMNER, who said 25 years ago, "that he knew no sadder sight, than a woman for sale, upon the auction block."

The war has effaced that picture from our view washed it away with rivers of blood. To me, it is far more revolting, after the advancing light, which science has thrown upon the subject, for a quarter of a century since the Massachusetts Senator spoke, to see the legalized judicial killing, of the Insane, for alleged homicides!

That the revolution which will efface the latter, may be as bloodless, and yet as complete, must be the hope, of all philanthropic hearts.

The "Expert" in Court and Legislature.

By Nelson S. Giberson, M.D. of San Francisco, Cal.

Read before the Medico-Legal Society, November 10, 1886.

CONTINUED FROM DECEMBER NUMBER.

The force of this classical definition is considerably impaired by a number of decisions, some of recent date, in which the doctrine is laid down that the expert witness is under no obligation to obey the ordinary witness-subpœna, unless his remuneration is specifically provided for. In the Matter of Roelker, United States District Court for Massachusetts,† his services were required as an interpreter. He refused to obey the subpœna, and the district attorney moved for a *capias* to bring him. Sprague, J., denied the motion, and said that a similar question had heretofore arisen as to experts, and he had declined to issue process of arrest in such cases. When a person has knowledge of any fact pertinent to an issue to be tried, he may be compelled to attend, as a witness. In this, all stand upon equal ground. But to compel a person to attend, merely because he is accomplished in a particular science, art, or profession, would subject the same individual to be called upon, in every cause in which any question in his department of knowledge is to be solved. Thus, the most eminent physician might be compelled, merely for the ordinary witness fees, to attend from the remotest part of the district, and give his opinion in every trial in which a medical question should arise. This is so unreasonable, that nothing but necessity can justify it. The case of an interpreter is analogous to that of an expert. It is not necessary to say what the Court would do, if it appeared that no other interpreter could be obtained, by reasonable effort. Such a case is not made as the foundation of this motion."

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† Sprague's Dec.

Judge Redfield lays down the following propositions: "1. It is clear that experts are not obliged to give testimony on mere speculative grounds, and where they have no personal knowledge of the facts in the case. If they have had personal knowledge of the testator, it may be fairly regarded as amounting to the knowledge of facts. But unless that is the case, a medical witness is not obliged to obey the ordinary witness subpœna, and will not be held in contempt for disobeying it. This has been so ruled at *nisi prius* in the last few years 2. The expert is not obliged to examine books and precedents, with a view to qualify himself to give testimony; nor is he obliged to examine into the facts of cases, by personal inspection of individuals, whose state may be the subject of controversy in the courts. 3. It being purely matter of conventional arrangement between professional experts and those who desire to employ them as witnesses, both in regard to their acting as such, and also their making preparation to enable them to give such testimony, it virtually places a price upon such testimony in the market, and its price is likely to range, somewhat according to its ability to aid one or other of the parties litigant.* This is substantially the view which was taken in "The People *vs.* Montgomery," also "In the Matter of Roelker," and practically emasculates the subpœna so far as its effect upon the expert is concerned. The unwilling expert may take with him to the witness stand the maxim of the Athenian Cynic

> "My lips have sworn it; but my mind is free."

In Taylor's Principles of Medical Jurisprudence, it is written: "Before delivering his evidence, a medical or scientific witness may claim the payment of his customary fees, unless an arrangement has already been made between him and the solicitors." In Betts *vs.* Clifford, Warwick Lent Assizes, 1843, Lord Campbell stated that a scientific witness, if he knew any question of fact, might be compelled to attend, but he could not be compelled to give his attendance to speak to matters of opinion."†

Professor Taylor also relates an attempt to swindle him out of his fees as an expert, by certain attorneys, which is of special interest as betraying the conviction upon the part of the attempted swindlers of the legal validity of the expert's claim for extra compensation for "opinion" evidence. He says: "In a recent action against a druggist for a mistake in compounding medicine, an attempt was made to procure my opinion as a skilled witness at the trial, by reason of facts obtained from a report of a chemical analysis, the real object of which was, at the time, entirely concealed. The suit was fortunately compromised, and my attendance was not necessary, but such a case should convey a caution to chemical experts. They may be employed secretly and under untrue statements to show analysis;

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* Redfield on Wills.

† Taylor's Medical Jurisprudence.

these become facts on which they may be summoned like ordinary witnesses to give opinions as skilled witnesses, while the payment of the usual fee for a skilled witness is evaded." * Of English decisions illustrating the principle under consideration, there is but one *nisi prius* case, Webb *vs.* Paige.† "There is a distinction between the case of a man who sees a fact and is called to prove it in a Court of justice and that of a man who is selected by a party to give his opinion about a matter with which he is peculiarly conversant from the nature of his employment in life. The former is bound as a matter of public duty to speak to a fact which happens to have fallen within his knowledge. The latter is under no such obligation. There is no necessity for his evidence, and the party who selects him must pay him." Of English statutes, the one which does duty as a foundation for the tumulus of precedent dates back three hundred years, to "Elizabeth." ‡ The witness "must have tendered to him according to his countenance and calling his reasonable charges." The following *resumé* of English decisions is from the opinion of the Court in Buchman *vs.* State: "In England there is some diversity in the decisions in respect to the question whether an attorney or medical man is entitled to higher compensation for attendance as a witness than ordinary witnesses. This diversity, however, relates to witnesses required to testify to facts, and not to professional opinions. In respect to professional opinions, we are not aware of any diversity of decisions." The citation of statutes or of judicial decisions of the age of Elizabeth as precedents for legal conclusions in a question so complicated in its relations and so modern in its origin as the "expert" question, seems almost incredible. One is tempted to indulge the inquiry if it be possible that the judicial mind has abdicated its individuality, and become instead a mere referee to Precedent—that great scrap-book of the world's unwisdom—from which it can draw with nimble finger some clipping adapted to any case which may arise. "The jurisprudence of the Elizabethan age," says an eminent authority, "consisted mostly of barren precedents, and judges were adverse to any reasoning that had not some analogy to cases already decided." While Hooker, with uplifted countenance, was apostrophysing Law: "Her seat is the bosom of God, her voice the harmony of the world, all things in heaven and earth do her homage, the very least as feeling her care, and the greatest as not exempted from her power"; and Coke found time from his multifarious duties to record his inspiration that "Reason is the life of the law * * * * * * * * The law is the perfection of reason," the Lords Chancellors were wont to beguile their leisure in the "torture-chamber" of the Tower, listening to evidence—extorted by the "boot," the thumbscrew and the rack—upon which, in part, these revered precedents were founded. In the Elizabethan age, and for a generation later, there were no experts, in the purely scientific sense of the word. All the scientific knowledge of the time was nascent in the newly organized "Royal Society." The death of the great Queen, anticipated by a generation the birth of Sir Isaac Newton. The *Novum Organum* was not given to the world, until the year of the landing of the "Pilgrim Fathers." Shakspeare was not eminent as a playwright until late in the reign of Elizabeth. In the astronomical world, the ambitious stargazers were yet in the shackles of the Aristotelian bondage; their liberator, Copernicus, and his handmaiden, the Telescope, had not yet set them free. In the field of medicine, a scanty harvest was garnered by a score of brave men, who struggled on amidst the most formidable opposition from ignorance and fanaticism, and in the constant shadow of the gibbet and the stake. Ambrose Paré had not yet succeeded in forcing the ligature on a hostile profession. Servetus, like Bruno, paid with his life the penalty of his devotion to science; and it was not until the time of Charles The First, that Harvey took up the Master's mantle, and perfected the discovery which lifted the healing art from the level of empiricism to the status of a science.

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* Manual of Medical Jurisprudence.

† Carr & Kirk. 23, 1843.

‡ 5, chap. IX.

The Remedies.

The Elevation of the Standard of Medical Education.
Judicial Decisions. Legislative action.

The standard of medical education has, with few distinguished exceptions, been long trailed in the dust, even in the representative medical schools of this country, and is deservedly a subject of reproach on the part of trans-Atlantic schools. It is a notable misfortune that the salaries of professors should depend upon the number of matriculants in a given year. It tends to keep the professional staff limited in numbers—when experience has demonstrated the utility of numerous subdivisions in the principal branches—and fosters a commercial spirit in the management which is utterly at variance with the intent of broad and liberal medical culture. Upon the subjects of Forensic Medicine, Toxicology, Microscopical Anatomy, and Medical Chemistry, the two-year student is barely initiated; and the perfunctory knowledge which he snatches hastily as he is railroaded by, attenuates woefully when he sits down with the ink hardly dry on his diploma, to figure up his actual attainments. The laxity which has so generally prevailed regarding the proof of educational advantages enjoyed by the matriculant, has not tended to raise the literary standard of the profession—the calling which, of all others, should enjoy the advantages conferred by a substantial and practical education. It might be an instructive commentary upon this subject to ascertain how many hundred men have graduated from medical colleges in the United States in the last ten years, whose only evidence that they possessed a respectable knowledge of the simplest elementary teaching, when they were admitted to the medical course, was their signatures on the college record, and their—in many instances—utterly intangible statements regarding a term passed with a preceptor. The cause of the expert has been ably pleaded at the bar, and has received intelligent and critical attention in a number of judicial decisions; the outcome of this hearty co-operation has been the crystallizing of the principle that expert services of any kind whatsoever are not to be had gratis at the demand of anyone. In the case of Webb V. Baird,* in which an attorney declined to defend a pauper when ordered to do so by the Court, the learned Judge, in sustaining the attorney's action, spoke these courageous words: "To the attorney his profession is his means of livelihood. His legal knowledge is his capital stock. His professional services are no more at the mercy of the public than are the goods of the merchant, or the crops of the farmer, or the wares of the mechanic." In the

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*6th Indiana.

States of Massachusetts, New York, Indiana and Arkansas, favorable decisions have been rendered, and the most sanguine optimist might rest content with the progress of the good cause, but for a recent bit of legislation, which points out the fatal defect in Supreme Court decisions, however profound or convincing. The Legislature of Indiana has recently enacted that "A witness who is an expert in any art, science, trade, profession or mystery, may be compelled to appear and testify to an opinion as such expert, in relation to any matter whenever such opinion is material evidence, relevant to an issue on trial before a Court or jury, without payment or tender of compensation other than the per diem and mileage allowed by law to witnesses, under the same rules and regulations by which he can be compelled to appear and testify to his knowledge of facts relevant to the same issue." * The passing of such a bill by the State of Indiana, after her Supreme Court had laid down the general principles of the law in Buchman *vs.* State, almost surpasses belief; and the constitutionality of the measure might well be called into question. For the State Constitution expressly provides that no man's "particular services" shall be required without the tender of an adequate compensation. Happily, this legislative action is unique. In the "Laws of 1871" North Carolina has enacted that * * * "experts when compelled to attend and testify shall be allowed such compensation and mileage as the Court may, in its discretion, order." The Code of Iowa for 1873, has disposed of the expert question in the following concise and carefully worded bill. "Witnesses called to testify to an opinion founded on special study or experience in any branch of science, or to make scientific or professional examinations, and state the result thereof, shall receive additional compensation, to be fixed by the Court, with reference to the value of the time employed, and the degree of learning or skill required." The latest recruit to the ranks of expert legislation is the Rhode Island Statute of 1882, which is in these words: "In addition to the fees above provided, witnesses summoned and testifying as experts in behalf of the State before any Justice of the Supreme Court, Trial Justice, or Coroner, may be allowed and paid such sum as such Justice of the Supreme Court, Trial Justice, or Coroner, may deem just and reasonable." These enactments almost realize the suggestion of Judge Redfield, "that this should be done wholly independent of any nomination, recommendation or interference of the parties, as much so to all intents, as are the jurors. To this end, therefore, the compensation of scientific experts should be fixed by statute, or by the Court, and paid out of the public treasury, and either charged to the expense of the trial as part of the costs of the cause, or not, as the legislature should deem the wisest policy."

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*Rev. Stats.

Let the expert—the man who is asked to contribute the results of his "special study and experience"—be compensated for his "peculiar services," over and above the fees which would be tendered him as an ordinary witness, to the amount which would be paid him in his own office by an applicant for his professional services. In the practice of law, the department of the specialist is, by common consent, assigned preeminence. The vast and complicated machinery of law were otherwise long since involved in inextricable confusion. Preeminence in any of the departments of medicine has likewise become synonymous with specialism. In every occupation the specialist gravitates to the front. The coinage of his brain and muscle is the potent factor in the evolution of human knowledge and progress: it is the sterling currency of the future, subject neither to discount nor abrasion.*

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* The writer extends his cordial thanks to the Hon. Noble Hamilton, Superior Judge of Alameda County, and to F. P. Deering, Esq., Librarian of the San Francisco Law Library, for valuable and courteous assistance in preparing this paper.

Mental Epilepsy.

By L. W. Baker, M.D.

Sup't. Family Home for Nervous Diseases, Baldwinville, Mass.

CONTINUED FROM DECEMBER NUMBER.

An interesting case of marked epilepsy is related by Falvet. A shoemaker, Francois L ——, was for many years subject to epileptic seizures. The attacks, which at first were followed by but slight alteration of the reason, became more serious, and were accompanied by furious mania. Sometimes the fit was replaced by homicidal delirium, as in the following instance: When he was through with his military service (he had been a soldier), he returned home and decided to marry. The ceremony was fixed for October 26, 1841. The 24th an intense headache came on, and seemed to him to betoken an impending attack. He called a physician who had formerly treated him for the disease, and demanded to be bled, an operation which had always given him relief. The physician refused to gratify his request. The 26th, some hours before the wedding, he was bled by another physician, but without any diminution of the pain. During the marriage ceremony Francois was dejected and taciturn ; he said nothing but the one word, *yes*. On quitting the church he was seized with a most atrocious pain in the head, and when he arrived at the house of his father-in-law

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Read before the Medico-Legal Society, December 8th, 1886.

he was obliged to take his bed. The bed chamber was adjoining the dining room where the wedding feast was being prepared. Then he was seized with an attack of epileptic madness, and while the persons who were with him were hunting for cords to tie him, he precipitated himself naked into the dining room with a shovel, of which he had obtained possession, pursued a woman who fled before him, threw her down and inflicted heavy blows upon her head. His father-in-law interposed, when he flew at him and drove him from the house. He cast himself on the ground before the door, biting the threshold with his teeth ; then he rose, with a shoe knife in his hand, opened the door with force, crying out that he would kill them. The first person he met was his father-in-law whom he instantly killed. This attack lasted for three days. On the 28th his reason returned, but he remembered only the event of his marriage, and nothing of that which came after. He supposed he had slept all that time. He was at once removed to the asylum at Clermont, where he still remains."

The phenomena attendant upon this form of epilepsy are, however, not always maniacal in character. Indeed, I am not sure but what many attacks of petit-mal might properly be classified under this division.

In many slight seizures the mental phenomena are the only indications of an epileptic attack, as, for example, when there is a momentary impairment of consciousness, as shown by the change in color, by a transient fixed stare, or an instant's lapse in conversation.

These instances in which there is a momentary blank in the mental processes without spasm are of common occurrence, although they do not always attract the attention which they deserve.

At other times the mental derangement may consist of the automatic performance of the most incongruous acts, of which memory preserves no recollection. Trousseau relates an instance of a gentleman belonging to a literary society who was seized with vertigo at one of the meetings. He ran quickly down to the Place de Hötel de Ville, and walked about for a few moments on the quays, avoiding with success both carriage and passers-by. On recovering himself he perceived that he had come out without his great coat and his hat. He therefore returned to the meeting, and resumed, with a perfectly lucid mind, the historical discussion in which he had already taken a very active part. He retained no recollection whatever of what had occurred between the beginning of the attack and the moment he recovered himself.

Occasionally an epileptic passes into a peculiar mental condition during which, although the acts performed are highly complex and apparently consistent with conscious mental life, yet they are really more or less automatic in character, while the individual preserves no recollection whatever of their occurrence.

In these cases, as Dr. Jackson remarks, "Highest consciousness seems to be lost, and the automatism has an accompaniment of some degree of consciousness, or sub-consciousness." Dr. Hamilton, of New York, reports a case, "of a young gentleman of twenty-three who had irregular epileptic seizures for some years. He went to bed one evening as usual, arose, and breakfasted with his family without creating any suspicion that he was at all unwell. He then went down to his place of business, and, after his arrival, was sent to a distant part of the city after a tool. On his return down town he stopped at a tobacconist's and became involved in a quarrel with one of the persons in the shop. A policeman was called, who, more intelligent than many of his class, detected something queer about the man, arrested him, and afterwards took him to Bellevue Hospital. There he remained three days, and suddenly returned to consciousness and a knowledge of his surroundings, but was entirely ignorant of his unfortunate experience."

Another very interesting case is related by Dr. Hammond of a gentleman "who, subject to attacks of both grand and petti-mal, left his office at about eleven o'clock for the purpose of getting a signature to a paper of some kind from a gentleman whose place of business was a few moment's walk distant. Not returning by three o'clock, inquiry was made, and it was ascertained that he had visited the office, obtained the signature, and left, apparently in good health before half-past eleven. Since then nothing had been heard of him. He did not make his appearance at his own office till nearly five o'clock. The last thing he recollected was passing St. Paul's church at the corner of Broadway and Vesey Street, just as the congregation was coming out after morning service. It was subsequently ascertained that he had gone to Brooklyn after getting the signature he wanted, had visited a newspaper office and purchased a paper ; had returned to New York, entered an omnibus at the Fulton Ferry, left it at the corner of Twenty-Third Street and Fifth Avenue, entered the Fifth Avenue Hotel, and while there recovered his recollection."

In the majority of instances of epileptic mania or automatism, whether occurring before, after, or in the intervals between severe or slight attacks, it will be found that the outbreaks are generally sudden in their onset, that the acts performed are unpremeditated, without motive, and accompanied by impairment of consciousness and an absence of all recollection of the events which have transpired during the paroxysm.

Most writers on this subject agree that loss of consciousness is a necessary accompaniment of epilepsy. There can be no question but what consciousness is always impaired, there is loss or defect of highest consciousness, but I cannot understand how it is possible for an individual to completely loose consciousness and still be able to perform co-ordinated acts. Complete loss of consciousness, as I understand it, is coma, and this is generally present during a typical epileptic attack. There are, however, degrees of involvement of consciousness from the slightest mental confusion downwards in the series to complete insensibility or coma.

As a rule, an epileptic maniac is not conscious of what he is doing, and is, therefore, not responsible for the acts then committed; but instances now and then occur in which the defect of consciousness is scarcely perceptible, and these sometimes form very puzzling medico-legal cases. "I have seen numerous cases," says Dr. Hamilton, "in which an apparent conservation of consciousness remained throughout a slight monospasm, but I do not feel at all sure of this; and in cases of aborted or masked epilepsy, there is a dual mental state which would readily deceive the lay observer."

The acts performed during an attack of epileptic mania are generally unpremeditated, and without any adequate motive, indeed, the wild, purposeless fury which possesses these patients is quite characteristic of their mental condition. But cases are occasionally met with in which there is an apparent premeditation. An epileptic, like other individuals, is capable of cherishing feelings of hatred and revenge; long brooding over a real or fancied injury will leave its impress on the brain cells. When the epileptic paroxysm occurs, these cells may act automatically, impelling to the commission of a crime, which is really, for the time being, beyond the power of the patient to prevent. During his sane moments, the individual may have even uttered threats against the life of his victim, which would be brought forward as evidence against him, and yet actually commit the murder while in the epileptic automatic state, during which he is not responsible. "Sometimes," says Dr. Jackson, "the post epileptic actions are plainly determined by what was done or doing just before the paroxysm set in; sometimes they are going through some performances highly habitual in the patient."

An interesting case has been recently reported by Dr. Stedman, of Boston, of a lady, forty-six years of age, who, from childhood until nineteen years of age, was subject to seizures, during which she would fall down and loose consciousness, knowing nothing of the circumstance afterwards. From the nineteenth to the twenty-sixth year she had only one attack and that was during pregnancy. The latter part of her home life had been very unhappy, and she became melancholy and suicidal; about three months later the idea of killing her children occurred to her, after reflecting that her own death would cause them to be neglected. During this period she suffered considerably with pain in the head, and a sense of bewilderment and confusion would come over her until she hardly knew what she was doing. She arose one night to carry out her design but could not summon sufficient resolution. Finally, one night she took the bread knife and inflicted a wound on the arm of one of her boys, which one she could not remember. Here ends her recollection of any further steps in the tragedy, except her horror at the sight of blood and her removal to jail. She really killed, at this time her youngest boy and wounded each of her other children, also inflicted several wounds upon herself. While at the Danver's Lunatic Hospital, later, she had three dizzy spells in which there was slight loss of consciousness and subsequent mental confusion, although she had no delusions, nor did she, while there, manifest any peculiarity of conduct. Dr. Stedman concludes that this is a case in which "A melancholic epileptic wounds with homicidal intent, her son, and seeing the blood flow, loses consciousness and then continues automatically the act once begun" He further quotes Dr. Magan who says: "In some cases the epileptic ictus does not interrupt an idea, or rather an insane tendency, and those subject to virtigo continue an act once begun. In the same manner, an epileptic can follow an idea in which, at the moment of seizure, he is absorbed, without his mind (so to speak) being concerned in it."

Echeverria further remarks: "That there is no difference between the thought, or any emotion, or feeling of animosity, that might take hold of the mind before the onset of the attack, and the same idea or feeling vividly renewed with blind persistency during the period of unconsciousness and automatism coincident with or rather constituting when not actually prolonging the fit."

In considering the mental condition of epileptics, and especially their responsibility for criminal acts, it is of the utmost importance to distinguish between the real motiveless outbreaks of epileptic insanity accompanied by impairment of consciousness and temporary loss of memory, and the exhibitions of irritability and temper so frequently met with in this class of cases. In other words we must distinguish between attacks of true epileptic mania and outbreaks of conscious anger in an epileptic, in the latter, deliberate acts of violence may be committed for which the individual should usually be held responsible, at least in a limited degree.

In this disease the mental controlling power is usually weakened while patients are quite susceptible to external impressions. As a slight cause is often sufficient to overcome the inhibitory power of the motor centres with a resulting convulsion, so a word, a look, or the most trivial circumstance, is sometimes sufficient to provoke an outbreak of noisy rage, during which the patient may do violence to others. Irritability, aversion to control, and impulsiveness, are marked characteristics of the epileptic psychosis, but it by no means follows that these patients are not at times amenable to discipline, or that they are to be considered irresponsible for every mischievous or criminal act which they commit. Of course, there are many instances in which the moral nature is practically obliterated ; in these, and in cases of true epileptic mania, there can be but little doubt as to their irresponsibility for acts committed while in this condition. Other cases in which the moral and mental degredation is less marked, furnish some of the most difficult of medico-legal problems, and it is only by the most careful consideration of every motive and circumstance bearing in any way upon the case, that a trustworthy decision can be reached. Each case must be considered independently of all others—for example : I now have under my care a young gentleman and a young lady of nearly the same age. The former under treatment, has had no epileptic attacks for over two years, yet he is utterly unreliable, will lie and steal upon every occasion, and such is the moral degeneracy, that should he commit violence, he should not, in my opinion, be held responsible. The young lady, on the other hand, has severe attacks nearly every week, sometimes lasting for days, and which have thus far resisted every form of treatment. While she is ordinarily very lady-like in her behavior, still she is sly, cunning and untruthful, yet, I regard her as responsible for her actions, during the intervals between the epileptic attacks, and accountable to the law for criminal acts which she may then commit.

Another mental condition occasionally met with in epileptics has, so far as I know, attracted but little attention. Several cases have come under my observation, in which mental disturbance followed the cessation of attacks under treatment. In one instance, a young gentleman of 18 having several severe convulsions daily, was sent to me with the request that in treating him, I abstain from the use of bromide of potassium, as previous attempts in the use of this remedy, had caused insanity. After watching the case carefully for several days, I decided to resume the use of the drug, at least temporarily, in doses of about 50 grains daily. The convulsions at once ceased and have not since returned for a period of about two and a half years. Mental excitement, however, soon appeared, accompanied by sleeplessness and by the most violent exhibitions of temper and intolerance of any attempts at control; the slightest irritation was sufficient to excite a paroxysm of noisy rage, although no delusions were present. Notwithstanding the mental disturbance, the original plan of treatment was steadily followed, combined with remedies to allay the mental excitement. A few month's perseverance on this line accomplished the desired result, and his mind gradually returned to its normal condition. He has been for years, and always will be, feeble minded, but there has since been no return of the mental convulsion.

Another case was that of a young lady who was sent to me from New Jersey. On her arrival the was maniacal, had various delusions, and was quite difficult to manage. She was then undoubtedly in a state of bromism, which for a time gradually grew worse. She has now been under my care for over a year, and during this time the bromide treatment has occasionally been entirely suspended for varying intervals of time with the immediate effect of increasing the frequency of the attacks while the mental condition materially improved; a return to treatment even in doses of 45 grains daily was always followed by a return of the mental disturbance, although each time with lessened severity. I decided to continue the bromide for several months together with nerve tonics, good food and an abundance of out door exercise. The result has been a greatly lessened frequency of the attacks, while the mental condition has gradually improved. Another patient, a young lady of 25, had for years a weekly convulsion, preceeded for hours by an indescribable dreamy feeling. These attacks were at once almost entirely controlled by treatment, but considerable mental confusion supervened and she was unable to perform mental acts which had previously given her no trouble; she could not read with comfort, could not write correctly, while the peculiar aura was constantly present. The anticonvulsive treatment was however patiently followed and she has now completely regained her normal condition and very rarely has a convulsion.

These cases are, I think, sufficient to illustrate the statement, that anti-convulsive treatment should not be too readily abandoned in epilepsy when mental disturbances follow the cessation of the attacks. In these cases the brain has become accustomed to excessive discharges of nerve force which occasion muscular convulsions; when this tendency is controlled by treatment, the equilibrium of the nervous centers is, for a time, destroyed, the discharge then becomes mental rather than motor and there is a convulsion of ideas instead of a convulsion of muscles. If the anticonvulsive treatment is combined with cod-liver oil, phosphorous and other nerve tonics, together with good food and plenty of outdoor exercise, the brain will, I think, gradually regain the condition in which it was before the convulsions were controlled. Of course it is important to discriminate between this condition and that which is occasionally produced by the administration of large doses of the bromides, but in the majority of instances, I think it will be found that the mental disturbances are caused by the cessation of attacks rather than by the remedy. In the cases I have referred to only comparatively small doses were given. Many of these patients will, however, need to be removed from home for treatment by themselves.

In conclusion I would remark—

(1.) That attacks of mental epilepsy, may precede, follow, or take the place of severe or slight epileptic seizures.

(2.) Attacks of epileptic mania are usually unpremeditated, motiveless, and accompanied by impairment of consciousness and temporary loss of memory. During this period the individual is irresponsible for his actions.

(3.) It is possible for an epileptic to automatically continue, during an attack, an idea or action begun just before the onset of the paroxysm.

(4.) It is important to distinguish between attacks of true epileptic mania and exhibitions of irritability and violent temper in an epileptic. Le Grand-du-Saulle further remarks: "The patient who has clearly committed an attempt when not suffering from an attack is partially responsible, but he has the right, after examination into his mental state, to an extenuation of the penalty, and in some way proportionate to the degree of moral resistance which can be opposed."

(5.) The question of responsibility of an epileptic in criminal acts should be decided by a commission of medical experts appointed by the Court for this special purpose. This commission should make its examination and report previous to the trial.

(6.) Various mental disturbances may occur in an epileptic upon the cessation of attacks under treatment. These may have no relation to the drugs administered for the relief of the convulsive tendencies.

Address of the Retiring President.

ISAAC L. PEET, L.L.D.

GENTLEMEN OF THE MEDICO-LEGAL SOCIETY:

I am indebted to you for a very pleasant year—a year in which at each of the ten regular monthly meetings held, my attention has been called to important subjects, which, as an unofficial member of the society, might perhaps have escaped my notice, for in this busy city, and in our stirring life, it is something if a few men are brought together month after month, to study some particular subject and to disseminate among the community at large, the knowledge they acquire.

To make it certain that some particular person shall be one of those few men, all you have to do is to elect him president. You have in this way, during the past year, increased the sum of your own knowledge, and if, in the election of president, you always acted on the principle of rotation, and had a new incumbent every year, you would gradually accumulate a body of ex-presidents who would be experts in a higher sense, than if they had not enjoyed this peculiar privilege.

Deliveted January 12, 1887.

As it is, however, the practice has been to select some men of special knowledge and special adaption to the position, and to re-elect him, if not year after year, yet, at frequent intervals, and thus secure to the direction of the society, a man of acknowledged, ability and competence.

In this connection it gives me great pleasure to congratulate you on your choice of my immediate successor, than whom few persons have given more thought and attention to the affairs of the society, or have been more extensively or more favorably known in connection with the subjects which form the basis of its discussions.

At the meeting in January, 1886, the retiring, president and distinguished chemist, Dr. R. Ogden Doremus, gave an address in connection with which the principles of toxicology were set forth in a masterly manner and illustrated by experiments.

The case of poisoning in the city of New York, he declared to have become so few in number that the practice of this means of homicide is one of the "lost arts." This he attributed to the fact that Toxicological Science has made such advances, during the past quarter of a century, that the chemist's evidence has furnished the Courts with such,swift and sure means of detecting and punishing crime, that it has acted as a means of preventing its commission ; and, in order to secure the most conclusive and unvarying results, he advised that the distinguished members of the bar and medical profession belonging to this society, should make an effort to induce our city officials to establish a *municipal chemi-*

cal laboratory where toxicological and other analyses could be conducted, and should also endeavor to secure the passage of a law to allow the judges, in criminal cases, to exclude the public and reporters of the press from the Court room, when testimony is given which should not be generally known.

The paper read at the meeting in February by the Hon. Erastus Brooks, who has so recently exchanged his sphere of usefulness and honor upon earth for a higher sphere in Heaven, discussed the question of what the State owes to the people, and what the people owe to the State in connection with the public health.

Among the first duties of the State he placed the prevention of avoidable diseases: 1. By providing for sanitary instruction; 2. By the establishment of local State and national boards of health, who shall make it their duty to investigate every cause of disease within the respective areas for which they are responsible, and to confer upon them full authority to apply the proper remedy and preventative, to enforce cleanly living, decent homes, effective drainage, proper ventilation and general vaccination, to see to it that children have proper nutrition, be exempted from labor unsuited to their tender years, and be brought up under such influence of public education as shall make them good and worthy citizens—to supervise the question of foods so that they shall be abundant, cheap and free from adulteration, and that the traffic in intoxicating beverages shall be so regulated that they shall be less deleterious and more moderately used.

The scheme he proposed was one beautiful in theory, and, also, practicable, provided public sentiment could be aroused to the great importance of sustaining the State in devising and enforcing the laws of health. The duty of every individual citizen under the laws, in support of the laws, and in addition to the laws, he showed to be clear, and it was only necessary that intelligence and conviction should be aroused in the community, by giving to all classes the requisite knowledge inspiring in them a sense of obligation and making virtue attractive by reason of its benefits, and vice hideous by reason of its terrible sequela. The statistics he adduced to show how the death rate has already been reduced, how human life has been prolonged, and how much we have reason to expect from the regeneration of mankind in a material as well as in a spiritual sense, added greatly to the force of his arguments.

In a society like this, where are gathered members of two learned professions, the points made by this distinguished man should be well pondered. The physician's duty is not merely to cure disease, but to prevent its recurrence. Every human being whose life, under Providence, he has been the means of rescuing, should be to him not merely an unfortunate to whom his skill has brought relief and respite, but a disciple whom he should teach that health is a primal factor in this world, that it is the foundation of earthly happiness and that it is a moral obligation, to be secured, not by theological theories, but by right living.

Such appeals as he could make under such circumstances would require only unction, not eloquence. Should physicians universally pursue such a course, what power for good, with their learning, their influence, their authority, could they not exert—and while they thus did their paramount duty, there is little fear that this practical union of honesty and benevolence would lessen their pecuniary resources, for many despairing patients to whom they had lifted the veil of hope, would come to them again and again, to gain that moral as well as physical health, needed to sustain them in their contest with predisposition to wrong courses. Two of the purest and best physicians of my acquaintance, now no more, grew wealthy under exactly the method I have described—and the name of each has undoubtedly been inscribed upon that roll upon which BenAdhem's name led all the rest, as that of one who loved his fellow men.

The lawyer's duty is not merely to extricate his client from the dilemmas into which tortuous practices may have led him—to shield him from the consequences of wrong doing and to enable him to breathe the air of freedom, but it is to bring him to such a sense of the heinousness of crime, that, when he is able to say with him, who said to the accusers of one taken in the act, "Let him who is without sin among you cast the first stone; neither do I condemn thee; go and sin no more," he can re-enforce his verdict by watching over the erring one, and trying to induce him to act more wisely—or if, despite his efforts, the prison doors like giant fences, open to receive and enclose the victim, he may still exert an influence which shall make punishment a means of reformation. All this in connection with public health, for vice is unhealthy in every sense of the term, a standing menace both to the life of its perpetrator and that of its victim—for, under vice, lives a nature unsane if not insane—a nature which, for the public good, must be restrained either by self-control or by forcible interposition from without.

The question appeals to the lawyer from still another point of view. He has to do, not only with the defense of the criminal under the laws, but he has to do with the framing and the interpretation of the laws. His advice is sought at every stage of legislation in favor of human progress, and in the congenial fellowship of this Society, the good lawyer unites with the good doctor in securing those wise provisions of law, which solidify civilization and make the security of life absolute, whether opposed by ignorance, squalor, indifference or crime.

The meeting in March was devoted purely to business in connection with the disputed election of Secretary which had been referred to a Committee. The results were a compromise which led to the election of a gentleman who represented neither of the atagonistic parties. After this episode in the usually smooth life of the Society, it is gratifying to say that both the rival candidates acted in a manner calculated to insure to them the respect of every honorably minded gentleman.

It is thus that societies devoted not to personal ambition but to the interest of science, settled their minor differences, and it is this spirit which keeps alive that sentiment which seeks not the exaltation of particular individuals, but the benefit of mankind.

At the meeting in April, was read a paper on Diagnosis of Consumption by means of the Microscope with reference to Life Insurance, by Dr. Ephraim Cutter, of New York City.

The paper was a very learned one. It was illustrated by the sciopticon. It established the point that there are means of diagnosticating consumption any time within one year before the physical signs of lung necrosis and breaking down appear; that is, in what may be called the pretuburcular state. In one sense this paper was a most valuable contribution to Medico-Legal Science. It introduced a new element into the security of life insurance companies. Under the old rules for admitting a beneficiary, a person might be insured as in perfect health, and a year thereafter develop tubercular consumption, which in limiting the life of its possessor would, to that extent, diminish the validity of the security offered by the Insurance Company. Dr. Cutter, in his paper, offered an additional test of the greatest value which, while it put Life Insurance officers on their guard, enabled those interested in the life of the candidate, to bring to his recuperation appliances, which, if deferred, would be unquestionably unavailing.

At the meeting in May, was read an able and powerful paper on the killing of children by insane parents, by Hon. Arthur C. Butts, ex Judge of Sullivan County. From five cases which he detailed at length wherein successful and unsuccessful attempts had been made by parents upon the lives of their children, he argued the probability of this unnatural impulse being a peculiar type of insanity, and the importance of collating all such instances, with a view to discovering the preliminary symptoms of such a condition, so that prevention might be interposed in time.

In all the cases cited the motive for the terrible act seemed to be a benevolent one. The very love which the parent bore the child led to the attempt to take the life in order to save it from some greater imaginary evil. Such a perversion of the affections, arising from this very intensity, can hardly be classed with the ordinary instances of delusion, and it is to be hoped that in the general classification of forms and types of insanity which this Society, through its Committee, is in conjunction with other Societies endeavoring to make complete and uniform, this subject will receive its due share of attention.

At the meeting in June, Mr. Clark Bell read a very full and exhaustive report of the progress of classification of mental diseases, in which, as a member of the very able International Committee appointed by the Belgian Society, he is especially interested. The work already performed has been very great, involving, as it has done, extensive correspondence, but it has all been preliminary. Of that which is yet to be performed, it may be said "*Hic labor hoc opus est.*" Let us hope that the outcome will be such that statistics can be compiled under such terms, that simplicity may be evolved from complexity, and that every nation shall be able to adapt a uniform method of recording the various phases of mental aberration, and of expressing accurately the physical symptoms and conditions which give rise to the abnormal action of the mind. The problem of life involving the relations of the soul to the body—the individualization of spirit, by its being introduced into certain forms of matter, and the correctness of the theory, that the brain is but an instrument upon which the spirit plays, as the musician touches the keys of the piano, and evokes harmony or discord, according as the instrument is in a perfect or imperfect condition, is in process of solution, and it is becoming more and more a serious question whether the old Latin adage *Mens sana in corpore sano* should not give place to *mens sana quia corpus sanum.* Let the brain be right; let it respond healthfully to the touches of the spirit; let all the nerves that centre in it. and, like telegraph wires, carrry messages to and fro, be in good working order; let the whole man be trained so that the ministering body shall fully obey the behests of the soul, and, like a mettled steed, be neither too strong nor too weak for it, and the divine spirit re-enforcing the human spirit; let the will power be developed and directed by a judicious course of training applied from without or exercised from within; and man becomes God-like in serenity and in intelligent and benevolent action. The necessity of educating the body and the mind simultaneously is, therefore, apparent. In this view the whole system of public education and athletic training needs revision.

The muscles should be developed, but not unduly. The eye, the ear, the hand, the foot, should each have their appropriate exercise, not in the direction of brute force but of intelligent action. Nutritition should be made a study. Stimulents, like the spur and the whip, for which there is seldom use,should be relegated to the rare use which emergencies require, and the will, the reasoning power, the memory, the imagination, would all be symmetrically developed. Cramming, which is simply overweighting or overdriving, should be scrupulously avoided, while on the contrary the thirst for knowledge should be stimulated, and free access to the PyerianSpring,permitted only under such circumstances. For education to be complete every teacher should, in addition to his professional training as a dialectician, also be a thorough physician, and the degree of M. D. should be regarded as essential, as the Regent's certificate of the degree of B. A. or B. S.

To make perfect men and women,should be the object of this Christian age and time ; and insanity and idiocy, like small-pox and cholera, should be stamped out. Let this society rise to the dignity of advocating this heroic treatment, and instead of palliating the evils incident to the times, and acquiescing in the necessity of multiplying lunatic asylums and idiotic asylums, insist that the community shall be raised to a higher level, and that health of body and soul shall be the rule.

Such was the mission of the great Physician, and the Church of this age, and time should realize this truth. Its priest and its clergy should study the body as well as the soul, and should attain a superior dignity by supplementing their theological course, with one of medicine and law. This combination of the three learned professions would give to our puulic teachers, a power and influence greater even than that, which they had when the masses were uneducated.

At the June meeting was discussed the case introduced by Dr. E. C. Mann, of a deaf mute girl, who, in her simple mindedness, was induced to marry her father's massage operator, who had taken advantage of his association with her family to beguile her into a secret marriage, she being worth quite a fortune in her own right. While different points in connection with the case were introduced, the feeling was unanimous among the gentlemen discussing the question that the marriage had been entered into by the husband, from interested motives, and that the girl had yielded temporarily to a feeling of interest, awakened by the fact that she was not accustomed, to receive attentions from the opposite sex—at the same time that she did not understand, the sacrifice she was making, nor the obligations she was answering. The advantage taken by the bridegroom, was considered in the nature of a fraud, sufficient to vitiate the marriage.

Much more interesting was a case brought forward by myself at the meeting in October. Abel Duran and Amezia Loro were indicted in New Mexico jointly with

Carlos Chares, for the crime of murder in the first degree—Chares having been tried separately. Duran and Loro were afterwards, but at the same term, jointly tried, convicted and sentenced to be executed. The victims were three Chinamen. The witness was an uneducated deaf mute boy 9 years old—who by signs, by drawing, by identification, and by pantomimic description, revealed the murder and its perpetrators.

The Supreme Court of New Mexico, reversed the decision of the lower Court, and a new trial was ordered. Judge Bristol. of the Supreme Court dissented, and after detailing the remarkable circumstances of the case said :

"The books nowhere furnish a precedent like this. If the law of evidence in no way opens a door for testimony of the kind, then all I have to say is, that the law in this respect is certainly at fault, and the sooner it is changed, either by judicial precedent, or by legislation, the better."

To go back to the meeting in September, and forward to the meeting in November, we had at the former, an interesting paper from W. J. Mann, Esq., on Testamentary Capacity, and also a report on classification of mental diseases, as a basis of international statistics of the insane. made to the Belgian Society of mental medicine, by Clark Bell, Esq., International delegate for North America, being the action of the Conference of American Alienists, held at Saratoga, N. Y., in September, 1886, convened upon the invitation of the American Member of the International Commission, and at the latter, from Dr. NelsonS. Giberson, of San Francisco, Cal., on the expert inCourt and Legislature, which, as he was not present, was read in his behalf by Mr. Clark Bell.

At the December meeting, our annual election took place, and while the tellers were quietly counting the ballots cast for the different offices, we had the great privilege of hearing from Dr. Charles K. Mills, of Philadelphia, an account of the labors and an analysis of the opinions of the celebrated Dr. Benjamin Rush, who first gave an impulse to the study of forensic medicine, and from L. W. Baker, of Baldwinsville, Mass., a very useful and thoughtful paper on Mental Epilipsy.

All the papers more thoroughly and ably discussed at the meetings at which they were respectively read, and the thoughts to which they give rise, seemed to throw as much light upon the subject discussed, as the original paper, in which it was presented. These papers and discussions, and other papers that were read by title, have already appeared in the valuable magazine edited by Mr. Clark Bell, and published under the auspices of the Society, a periodical that is widely known and highly prized, under the title of the Medico Legal Journal.

During the last year, the Society has also published in a substantial volume, the third series of the original paper read before the Society from 1875 to 1878, a volume in which will be found much valuable and entertaining reading.

It is to be hoped that an association which is doing so much for the cause of medical jurisprudence, will go on prospering, and to prosper, and that as it enters upon the 21st year of its existence it may have given to it the strength and the encouragement of a largely increased membership, upon which depends to such an extent, its pecuniary ability to maintain itself, and its cause, and the publication of its important labors.

Seventh Inaugural Address

OF

CLARK BELL, Esq.,

AS PRESIDENT OF THE MEDICO LEGAL SOCIETY OF NEW YORK.

PRONOUNCED JANUARY 8, 1887.

Fellows of the Medico Legal Society :

Two years have elapsed since I pronounced my retiring address as your President, and introduced as my successor, Prof. R. O. Doremus, that distinguished Chemist, who has won renown in two hemispheres in the science of Toxicology.

The past year, the Society has been guided in its deliberations and policy, by one of its oldest and most sincere friends, who has on all occasions, given every aid in his power to forward the work of the body, Prof. Isaac Lewis Peet.

I had hoped that wiser counsels would have obtained, and that some of the many distinguished scientists, whose names are an honor and credit to this body, would have been selected to fill this chair, after Dr. Peet had declined re-election, and left to me only the duty of conducting the Medico Legal Journal, which already encroached more upon my professional labors than was agreeable to me.

The voice of the Society was so pronounced, however, that I have felt it my duty to yield to its wishes, and I accept the office with thanks, for the complimentary manner in which that choice was made.

It is now nearly fifteen years, gentlemen of the Medico Legal Society, since I pronounced my first Inaugural Address as your President, and the progress made in Forensic Medicine in that interval of time, has been remarkable, and worthy of marked comment and attention.

MEMBERSHIP.

There are three classes of members in this body—Active, Honorary, and Corresponding. On December 31, 1885, at the close of the last fiscal year of my Presidency, there were on our roll 407 names, composed of 281 active, 117 corresponding, and 9 honorary.

On December 31, 1886, our roll contained 308 names, composed of 258 active, 11 honorary and 120 corresponding names:

The loss by death to the Society in 1886, has been larger by far than ever before in the history of the body in any one year.

Of our honorary members, Prof. FRANK H. HAMIL-

TON, the eminent surgeon and authority on fractures and dislocations, for two years President of this Society, has gone to his rest.

From our corresponding list, death has taken such lustrous names as—

LE GRAND DU SAULLE, of France; General Procurator Dr. JULIUS GLASER, of Vienna; GEO. L. HARRISON, Esq., of Philadelphia; B. C. INGELS, M. D., of Belgium; General Staats Anwalt SCHWARZE, of Dresden; Prof. Dr. AXEL JADERHOLM, of Sweden; Dr. R. P. BROWN, of Addison, N. Y. And from our active members, such names as Dr. A. M. Shew, Superintendent of the Connecticut State Asylum at Middletown, Conn.; Hon. Isiah Williams, Hon. John D. Coughlin, Hon. B. A. Willis, Dr. Horace P. Farnham, Ex-United States District-Attorney George B. Corkhill, General George W. Palmer.

THE LABORS OF THE YEAR.

The more important labors of this body may be said to be :—

1st. The completion of the publication of the last of its larger volumes to the Literature of Forensic Medicine,—a work of 550 pages, embracing a large number of the original papers read before the Society, from the fall of 1874 to the early part of the year 1877.

2nd. The reading and publication of a series of valuable papers contributed by scientists, which have mostly appeared in the Medico Legal Journal, allusions to which have been made by my predecessor in his retiring address.

3rd. Awakening a still deeper interest in the science of Medical Jurisprudence among our own members, and helping to widen and broaden that interest, and extend the fame and renown, of the Society through the medium of the Medico Legal Journal, and the kindness of the cotemporaneous press throughout the world.

The real measure to be applied, in determining the value of the work done by a scientific body, such as this, does not so much depend on who attends the sessions of the body; as in what is contributed to the science from the body, or co-laborers in its work. The papers read before this society, and the discussions thereby awakened and interest aroused on the practical Medico Legal questions and issues of the hour, reach the students of the science of Medical Jurisprudence in every country in Europe, in Great Britain and all her Colonies, the States of Central and South America, and indeed, all the nations of the earth.

LIBRARY.

You will, I know, bear with me when I say that the cause of the Library has not received that attention from the members of the Society which it should.

There has been a slow and steady growth, but not one commensurate with the needs of the subject.

Have members sent in their usual donations of volumes? and should we not again arouse ourselves to the work of placing all accessible works on this science in all modern tongues? upon the shelves of the Library,

PROGRESS OF THE SCIENCE.

I will but speak, of the recent progress of Forensic Medicine during the two years since January, 1885.

America.—In our own country, the two subjects of most commanding interest have been—

1. *Lunacy reform.*
2. *The care and treatment of the insane.*

As to lunacy reform in New York, while there are no differences of opinion anywhere, as to the serious defects in our lunacy statutes, especially regarding commitments; various causes have conspired to prevent that legislative correction, which public sentiment demands. It is doubtful if we shall reach a true solution in the State of New York, until either the Governor, acting on his own motion as did Governor Hoyt, of Penn., or the Legislature, by special Act, shall name a commission, to take up the whole subject of a revision of the Lunacy Statutes of the State.

Should the executive lend the weight of his office to the movement, and name a commission of distinguished men, who would serve without compensation, we should soon be at the root of the evil. The position taken by this body is well defined, and the action of sister States and foreign countries, teach us the impolicy of further delay.

New York should lead rather than follow in such a work.

As to the care and treatment of the insane, the advance has been steady, pronounced and healthful. We observe as to *mechanical restraint* in asylums, that Superintendents, one after another, are discarding cribs, muffs, camisoles and the various implements so much in vogue in the quite recent past.

No Superintendent within our knowledge, has made the trial seriously and in good earnest, who has not succeeded.

None who have succeeded have returned, and gone back to their use. The success of those who have, year after year, in the larger institutions, gone on without resorting to it, kindles a flame whose brilliant and beautiful light shines into every asylum in the land. It is a light of beneficence, of kindliness, of gentleness, of love, and blesses alike those who wait upon and keep its lustre undimmed and visible, and the darkened minds on whom it shines. It glorifies the giver and the receiver. Long before the end of the nineteenth century, all there will be left of mechanical restraint in America, will be its terrible traditions, and we will read of the chains and other instruments used in American institutions, as we now do in the Parliamentary reports of Great Britain, and of their counterpart there, in the first half of the present century.

FRANCE is now at work on the Reconstruction of her Lunacy Statutes. The debate was opened in her Senate last month.

ENGLAND is deep in the questions of how to improve the present statutes of that country, which in many respects, as they now stand, are in advance of our own.

ITALY is also studying profoundly these issues, on which the minds of the Scientists of Christendom are deliberating.

THE CLASSIFICATION OF MENTAL DISEASES, as the basis of International Statistics of the Insane, upon as near as possible, a uniform system, has engaged the attention of thoughtful Scientists, Alienists and Publicists throughout the world. The older members of this body, and the readers of the MEDICO LEGAL JOURNAL are familiar with the progress of this endeavor, by an INTERNATIONAL COMMITTEE named at a Conference held at ANTWERP, in the autumn of 1885, under the auspices of the BELGIAN SOCIETY OF MENTAL MEDICINE. You are familiar with the honorable and distinguished part taken in this work by many of the abler American Alienists.

The growth of the Literature of FORENSIC MEDICINE of NEUROLOGY, PSYCHIATRY, TOXICOLOGY, and STATE MEDICINE has been steadily increasing since 1872, when I first came to the chair of this body, and at no time more than in the past two or three years. New journals have sprung up into life in our own country, in Italy and elsewhere, and medical men, lawyers, jurists and judges, have been considering the issues forced upon the attention of the public, by the gravity of the social and political questions brought to judicial and legislative notice.

RECOMMENDATIONS.

We should take measures towards :—

1. The reform of the Lunacy Statutes, as previously indicated by the Society, either through legislative inquiry and action, or by the abler and more intelligent work of a commission, favoring the latter.

2. The establishment of a State or National Chemist, with complete laboratory and equipments, supported and paid for by the State or National Government, with the best chemist in the country at its head, to be at the service of the Government or accused persons on all judicial proceedings or criminal trials.

3. The morgue of New York should be placed by law on a scientific and complete basis, after the manner of that of Paris. At its head should be placed a man of eminence and ability, who could have the confidence of the tribunals and the public, and who, like BROUARDEL in Paris, would not only answer at once, all questions arising in the courts in Toxicology or concerning deaths arising from other than natural causes ; but who, surrounded by a corps of able assistants, would be enabled, while in the discharge of a great public duty, to render invaluable aids to science, and to the study of the numerous and intensely interesting questions arising in criminal cases, accidental deaths, suicides, &c., and aid the coroners in their valuable labors.

4. THE MEDICO LEGAL JOURNAL has been of great service to the body in bringing the questions here discussed before the scientists and students of every country on the globe.

It has thus enormously widened and broadened the field of the Society's usefulness, and lowered its horizon line, to a plane as broad and wide, as science can make her investigations practicable.

It is therefore the duty of the body, to sustain the Journal in its circulation, as well as in its finances. It would not require much time for each member to secure one, two or more subscribers, while this is small for each, in the aggregate, it would be a substantial service.

The contract between the Journal Association and the Society has been modified, so as to send the Journal free of charge, only to active, and not to honorary or corresponding members.

The total annual payments by the Society to the journal has been thus largely reduced. This throws a still greater burden on the journal, and entitles it to the support and help of every member of the Society, and not of a few individuals.

The larger the membership, the greater the assistance of the body in this work. Our active membership could easily be increased from 50 to 100 names in 1887, and I ask for this object the aid and co-operation of all the members, which if given with a will, and the situation brought to the notice of both professions, would make such a result practicable in the near future and before the summer vacation.

The Society has long since ceased to be local. It is semi-national in character. It is cosmopolitan actually, as well as in sentiment.

We have active members now in many of the American States, in the Canadas and in foreign countries.

Let us make an effort to have half a dozen at least in every State of the American Union on our active list. who would report to us cases arising in each State. and awaken interest, excite inquiry and discussion. and lend our unbiased and scientific aid to investigation and inquiry, wherever it was sought.

6. Courts, judges. district attorneys. and every officer concerned in the administration of justice, should know that they have the right to make inquiry of this body, and of its Permanent Commission, at any time, upon any question that may from time to time arise.

Counsel for defendants, scientific bodies, and members of either profession thus calling on our PERMANENT COMMISSION will receive like attention. As at present composed, it is a body entitled to the confidence of the Courts, and of the public.

7. The scientific examination of the various Psychical phenomena, which are now exciting inquiry and discussion throughout the scientific world, especially of Hypnotism, might well be made the duty of a carefully selected committee, who would formulate their labors during the year.

8. There is work for a properly organized committee on translations. Our exchanges now are rich with the learning of Russia, of all Scandinavia, of France, Ger-

man speaking countries, Spanish speaking nations, Italy, Portugal, modern Greece and Turkey.

I must call for volunteers upon this work.

The commendatory notices of credit for publication of papers read before this body from many sources, confirm me in the wisdom of previous recommendations, advising their publication.

If sixty subscribers can be found who will agree to receive series 4 and series 5 (if two more should be needed to complete the publication of all the valuable papers read before the body prior to the commencement of the journal), I should strongly recommend that the Committee on Publication be continued, and instructed to continue the publication limiting the liability of the Society to an expense not exceeding $300 for 100 copies, half paper and half cloth, as in case of series 2 and 3 now completed.

The list of papers remaining unpublished comprises original papers, by

Dr. C. R. Agnew,
Dr. Geo. M. Beard,
Dr. Wooster Beach,
Clark Bell, Esq.,
Dr. A. N. Bell,
Ernest H. Crosby, Esq.,
D. C. Calvin, Esq.,
Geo. B. Corkhill, Esq.,
C. A. Doremus, M. D.,
Wm. G. Davies, Esq.,
Prof. R. Ogden Doremus,
Max F. Eller, Esq.,
Dr. T. C. Finnell,
Dr. Albert H. Gihon,
Dr. Wm. A. Hammond,
Dr. R. R. McIlvaine,
Dr. Moreau Morris,
Dr. J. J. O'Dea,
Dr. R. J. O'Sullivan,
Prof. W. J. Owen,
Dr. J. C. Peters,
G. W. Palmer, Esq.,
O. H. Palmer, Esq.,
Dr. R. L. Parsons,
Dr. Stephen Rogers,
Dr. Frank Ramsay,
H. S. Rokenbaugh, Esq.,
D. S. Riddle, Esq.,
Dr. Henry Raphael,
Dr. Ed. Sanders,

Dr. Graemme M. Hammond,
Harry Hakes, Esq., M. D.,
Prof. F. H. Hamilton,
A. G. Hull, Esq.,
Dr. J. G. Johnson,
Dr. A. O. Kellogg,
Ed. J. Loring, Esq.,
Dr. S. N. Leo,
Dr. Chas. A. Leale,
Dr. E. C. Mann,
Dr. Edward Mead,
Dr. John T. Metcalf,
Appleton Morgan, Esq.,
Jacob Shrady, Esq.,
Dr. W. G. Stephenson,
William Shrady, Esq.,
Dr. E. C. Spitzka,
Dr. J. Clark Thomas,
Dr. S. Waterman,
Dr. J. S. Wight,
Dr. R. Witthaus,
O. W. Wight, M. D.,
Dr. Chas. S. Wood,
Geo. H. Yeaman, Esq.,
And others.

With some important Reports of Committees of the Society on various subjects.

These publications, if made complete, would contain original matter contributed at various times by these different gentlemen, and I shall send a statement of these considerations to the former subscribers, and the readers of the Medico-Legal Journal.

To publish all these in the style in which series 3 has been completed, would make the labors of this body quite complete, and form as a whole a most valuable contribution to forensic medicine, as well as aptly illustrate the usefulness of the Medico-Legal Society in relation thereto.

I have recently commenced such a subscription, which already contains subscribers to 42 volumes, and advise that we call upon former subscribers and all others to decide whether they wish to continue for the remaining series.

Let us address ourselves to the labors of the coming year with the energy their importance demands, and make it worthy of the past fame and renown of the Medico Legal Society of New York.

Note.—Members and others desiring to subscribe to this movement will please advise the editor of the Journal, or any officer of the Society. The following is the subscription at the date of March 1st, 1887 :

MEDICO-LEGAL SOCIETY.

The undersigned hereby subscribe for and agree to take of the Medico-Legal Society or its assigns, the nnmber of copies of Medico-Legal Papers, Series 4 and 5, to the commencement of Medico-Legal Papers, at the price of $3.50 per volume in cloth, or $2.50 in paper, provided at least sixty copies are subscribed for.

Dated January, 1887.

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New York State Library	1 "	"
J. D. Roberts, M. D., Sup't N. C. State Asylum, Goldsboro	1 "	"

Editorial.

DEFINITIONS OF INSANITY.

Believing that the views of prominent alienists and jurists as to definitions of insanity, as well as the real tests of responsibility for acts committed by insane persons, would greatly interest our readers, and bring various views into juxtaposition, as well as invite discussion, the editor of this journal has sent, and will send, a letter of inquiry to members of both professions, from which we make the following extract:

MEDICO-LEGAL JOURNAL ASSOCIATION,
Office of the Editor,
No. 57 Broadway,
NEW YORK, 1887.

DEAR SIR:

Please give me your idea of the best definition of insanity under our present knowledge of that subject.

Also what in your judgment should be the legal test of criminal responsibility for acts committed by persons suffering from any form of mental disease. I am making a study of these topics, and would feel greatly obliged for your views.

Very faithfully yours,

CLARK BELL.

Some of the responses elicited by this inquiry are contained in the paper on "Insanity and the Care of the Insane," appearing in this issue. We shall publish some of the replies received, which we think will be of interest to our readers from time to time in this journal under the foregoing caption. The views of the writers will be given under their names :

Dr. P. M. Wise, Superintendent of Williard Asylum :

"I do not see how insanity can be concisely defined, to cover all its forms and exclude disease affecting the mental operations known under different terms.

"Insanity may be considered as an extraordinary and prolonged change in the feelings and ideas, or the inhibition of the will of an individual, as a result of disease affecting the brain and the mental operations.

"I do not believe there can be any formal test of criminal responsibility or acts committed by the insane. Rather than that the present legal test should stand, it would be better to make the test, that of insanity, without other conditions ; although I am of the belief that certain degrees of responsibility should attach to occasional cases of insanity. I think the medical profession are united in the admission, that a person 'of unsound mind' may appreciate the nature or the quality of a criminal act, or may know that the act was wrong, and yet be irresponsible for its commission, through disease affecting the intellectual, affective or volitional faculties, or all. The responsibility of a mentally alienated individual, can never be made a matter of fact, but should be left to judicial discretion, and the Court should be privileged to avail himself of expert testimony from witnesses selected and called by himself, and not selected by attorneys."

Dr. H. A. Buttolph, President National Association of American Superintendents of Asylums for Insane :

"I am glad to know that you are engaged in investigations relating to insanity, and wish you success.

"In reference to your request for the 'best definition of insanity under our present knowledge of the subject," I will reply that I am also engaged in an inquiry in regard to *various aspects* of the *subject*, the result to be used for a special purpose, and on a special occasion in the future, and do not feel prepared to express decided, or, indeed, any views, at this time. The subject is necessarily one of great intricacy, because its proper elucidation is directly connected with a knowledge of the constitution of the mind, in regard to which so very little is *definitely* known or acknowledged at the present day."

DR. PHILIP ZENNER, of Cincinnati, Ohio:

"It is not easy to get a clear idea of the different forms of insanity from an entire volume; it seems impossible to get it from a few sentences, such as are comprised in an ordinary definition. Definitions of insanity are chiefly called for in medico-legal cases. I believe it would be well to discourage their use. They do not assist in the cause of truth and justice.

"The test of criminal responsibility of the insane adopted in many States, the ability to discriminate between right and wrong, is, in my opinion, manifestly unjust. The chronic delusional insane, those with 'fixed ideas,' often know full well what is considered by others, and pronounced by the law to be right and wrong. But they live, as it were, in a strange world of their own, have, possibly, their own standard of morals, and if, at the same time, their acts are the direct results of their delusions, they should be held as irresponsible as those who cannot distinguish between right and wrong.

"Yet the discrimination of degrees of responsibility, and the question of disposal of the individual case are sometimes exceedingly difficult. It occurs to me that the only question which a jury should be called upon to decide in a criminal case, is whether the prisoner is sane or insane. But, if found insane, the power of the law should not end therewith, but extend to the final disposal of the insane subject. In this disposal various considerations may be of influence, of which I will mention a few. In some cases of partial insanity the criminal act really results from the individual's character and circumstances, and has no relation to insane delusions. Again, in some cases the knowledge of punishment attached to a crime may check such an act, while the knowledge of immunity may foster it, just as in normal life. But a chief consideration is the welfare of society. This, very properly, leads to the rigorous treatment of ordinary criminals, notwithstanding that many of the worst ones, while not insane, have something pathological in their nervous system, which is the basis of their character, have a bad character congenitally, if I may so speak. This consideration, the welfare of society should, also, largely influence our disposal of the insane.

"Such nice discriminations could scarcely, with propriety, be left to a jury, but it should rather be left to the discretionary power of the Judge, with the counsel of experienced physicians, to decide, according to the form of insanity, the character of the individual, and the circumstances of the case, whether the insane subject should be consigned to an asylum, should sustain certain degrees of punishment, or even be subjected to the same punishment as other criminals for the same offense."

E. P. STIMSON, M. D., Physician at Kansas State Asylum, Osawatomie, Kansas:

"A definition for insanity, which will include the peculiar symptoms of widely varied forms, and exclude similar appearances in persons sane, that will stand the hammer and pick of a lawyer bound to convict or to have acquitted, is perhaps impossible, but at the same time perhaps the following will be a starting point for a definition :

"Insanity, a departure from, or perversion of a condition of, pre-existing mental health.

"This, I think, is the best definition I have ever seen, and is my idea of the best condensed definition for the term outside of the word itself—insane, not sane.

"Clouston Clinical Lectures on Mental Disease, says :

"'As for test of criminal responsibility for acts committed by persons suffering from any form of mental disease, I would not hold an insane person responsible for any act of criminality which might be the outcome of his disease. Nor would I release a person from the consequences of a criminal act on the plea of insanity, who was sane before the act and sane after the act, but who pleads temporary insanity. Of course epileptics and persons suffering from epileptic disturbances, who unknowingly while in an epileptic state, commit some atrocious deed, would be excepted from my last statement. I wish I could recall one or two cases happening in Pennsylvania during the past ten or twelve years, where a man wilfully, premeditately sought out and killed a man, who had intermeddled with his family affairs, where the plea was temporary insanity. I do not think in such a case the plea should be allowed the evidence as I now remember it was; he was sane both before and after the act, but temporarily insane from anger. I think in that case popular opinion justified the act—of revenge—but the law did not, and the insanity dodge, let him out. My own opinion is, it would have been better to have brought in a verdict of justifiable homicide.

"'My favorite preceptor upon the subject of responsibility, once said that the responsibility of a person depended greatly upon the power of the person. Making the true test to be in the power to distinguish right from wrong, together with the power of holding to the right and the power of avoiding the wrong, or something to that effect, and a good test.

"'I have seen two men in exactly the same condition for the time being, so far as mental symptoms were concerned, and I counted the one sane and the other insane.' See H. C. Lea's Edition 1884, page 41."

PROFESSOR JOHN J. REESE, of Philadelphia :

"Insanity is a disturbed abnormal condition of the mental oparations, including both the intellectual and moral faculties, dependent upon some abnormal or disordered condition of the brain. This definition does not include the ordinary delirium of fevers or of the acute inflammation of the brain.

"As regards the proper 'test' of criminal responsibility in alleged insanity, I, of course, agree with most modern authorities in disregarding the old test of 'a knowledge of right and wrong,' either in the abstract or concerning the particular act. I believe the true test to be 'the condition of the will' of the individual. Has he lost all power of control over his actions? Had he the power to choose between doing and not doing it?"

D. HACK TUKE, M. D., Editor "Journal of Mental Science":

"With regard to definitions, I do not know that I can say more than I have done in the 'Manual of Psychological Medicine.' I may quote from the last (the 4th Edition) the following, at page 24: 'After defining insanity as a disease of the brain (or more correctly arising from such disease), idiopathic or sympathetic, affecting the integrity of the mind, whether marked by intellectual or emotional disorder (p. 21), I say, Shall the element of impaired will and irresponsibility form an essential part of a definition of insanity? It will be found that upon the answer to this question, the character of the various definitions proposed chiefly depends; in other words, its character varies in great measure according as the definition, does or does not include such an amount of disease as renders the individual irresponsible. Two objects of a definition of insanity are thus constantly confounded together, which ought to be kept distinct—the medical and the forensic. For medical treatment, it is sufficient for the physician that cerebro-mental disease exists, however incipient it may be; but in the consideration of the primitive treatment merited by one who has committed a criminal act, the Judge assisted by a medical expert, ought to determine the extent of impairment of the will and the consequent irresponsibility of the patient. Now, it is simply impossible to include both these ideas in one definition, without narrowing it too much for medical use, or making it too comprehensive for the just demands of the law. If, therefore, a forensic definition be required, we must add to the foregoing definition that the cerebro-mental disorder is such as to suspend it, and impair the action of the healthy will' (p. 24)."

PROFESSOR DR. KOWALEWSKY, of Kharkoff, Russia, writes as follows:

"As concerning the Russian laws regarding responsibility of alleged criminals, who are in a state of insanity, of which you ask me, it is now our great question how to reform' our existing statutes relating to that subject.

"The present statute of Russia is as follows:

" '§ 95. Crimes committed by an idiot or by an insane person are not imputed to him, and he is not responsible for them, if it appears that he was in a state of insanity at the time, and not conscious of the lawlessness of his acts. But subjects having committed or attempted homicides or arson on others or themselves, are to be confined in asylums, even when their parents or guardians are willing to take charge of them.

" ' If after two years they recover, and are, or seem to be sane, they may be discharged.

" ' § 96. Provides, that offences committed by those who are in a fit, or in a state of full unconsciousness, or dementia, if proven, are not responsible.

" ' If a subject in such a state has attempted or committed murder, or sought to destroy himself, or committed or attempted arson, he may be committed to the care of parents or guardians, or to even strangers, who will furnish satisfactory guaranties against his doing any harm to himself or to others.'

" I also send you the draft of the proposed new or amended law upon this subject, regarding persons called insane criminals :

" ' § 33. Crimes are not imputed to persons who commit them in a state of insanity, or when suffering from mental disease, or of unconsciousness or idiocy, provided, that at the moment of the act they are not capable of understanding the nature and meaning of the deed, nor of controlling their impulse.

" ' The jury have power, in such cases, if they find it dangerous to give them their liberty, to direct their confinement in asylums, or commit them to the care of parents or others who will be responsible for their conduct."

PROF. D. LENTZ OF THE DEPARTMENT OF JUSTICE,
MEDICAL DIRECTOR OF THE INSANE ASYLUM OF THE STATE,
TOURNAI, BELGIUM, February 4, 1887.

MONSIEUR :

After carefully reflecting upon the proposal contained in your letter of 17th December, touching a definition of mental derangement as a test of responsibility, I can only give you the following answer :

In my opinion, the time is not favorable for abstract researches of this nature, which, in the present state of science, cannot, it seems to me, reach any really practical result.

Scientific investigations in the domain of medicine, strictly speaking, as well as in that of physiology and biology are almost exclusively directed towards observation and experiment, as well as the clinique. These are embraced almost entirely in the analysis which the new methods of observation have pushed to their extreme limit. It is in this way that science today is making good headway, but it is far from having made all the progress that belongs to method synthesis; in other words, principles and definitions cannot be satisfactorily attempted until analysis is perfected. This period, it seems to me, is still unfortunately far distant.

Really, the test of responsibility, I think, can only be found in the clinical and individual examination of the person afflicted, in the analysis of the symptoms presented, in their succession, their pathogeny; in a word, in the whole clinical history from birth, indeed, from before birth, up to the moment of the incriminating act.

Receive, monsieur, the assurance of my high regard.

D. LENTZ.

CLASSIFICATION OF MENTAL DISEASES.

SENATOR ANDREA VERGA, International Delegate for Italy, has advised the Belgian Society of Mental Medicine of the appointment of a committee of seven to examine the subject of classification of mental diseases with reference to uniform international statistics of the insane.

PROFESSOR REIZEY, Secretary of the Royal Medical Society at Buda-Pesth, has advised the Belgian Society of resolutions adopted by a conference held by authority of that Society regarding statistics of the insane, but the Bulletin of the Belgian Society does not furnish the resolutions.—*Bulletin Societe de la Med. Ment. de Belgique.*

LUNACY REFORM.—The New English Lunacy Bill was read a second time in the House of Lords on the 7th February, 1887.

The Lord Chancellor said that the insane of England numbered 80,126, an increase over last year of 452. The bills in the main are like those of last and the preceding year. His lordship declared that it was a subject of controversy whether the Judge should see the alleged lunatic before signing an order for his commitment.

"That he believed having regard to the state of public opinion; no alteration of the law would be satisfactory that did not make further provision for the liberty of the subject. That the powers at present possessed by the Lunacy Commissioners were utterly inadequate."

While there are two bills, this is for the convenience of discussion, and they will be consolidated.

Both the "Lancet" and the "British Medical Journal" regard the prospect of the adoption of an amendment to the Lunacy Statutes as very probable, notwithstanding the loss of the two prior bills by the ministerial changes.

It is a remarkable fact that the Lunacy Commissioners at present possess very large powers under present English law, while our Lunacy Commissioner in New York has very little power, and many of the States have no Lunacy Commissioners; our New York Statute is still in force, allowing the preliminary commitment on the mere certificate of two physicians, without judicial sanction even for five days; and there is nothing to protect the liberty of the citizen but the opinion of two physicians, neither of whom may have ever seen a case of insanity in their practice, and be wholly without knowledge of, or experience in this disease.

In France, the new law amending the law of 1838, has been discussed before the French Senate. *La Semaine Medical* reports much of these discussions, and the subject is discussed in the 4to fasicule, No. 43, of the "Bulletin de la Société de Médécine Mentale de Belgique," and the debate appears in full in the March number of "Archives de Neurologie."

SWISS ASYLUMS.

LAST AUGUST, a new Asylum for Epileptics has been opened by the Swiss Government at Riesbach, near Zurich.

AMERICAN MEDICAL ASSOCIATION.

DR. I. N. QUIMBY, Jersey City, N. J., is Chairman, and Dr. H. H. Kimball, Minneapolis, Minn., Secretary of the Section of Medical Jurisprudence of the American Medical Association, which meets in Chicago on June 7th to 10th next. We are glad to see that a Section on Medical Jurisprudence has been named, and that it has fallen into so good hands.

MEDICO-LEGAL REFORM IN PORTUGAL.

> "The Society of the Medical Sciences of Lisbon is very anxious to obtain a radical reform in medico-legal matters, and at its last meeting, under the presidency of Professor O. Feijão, discussed the best mode of drawing up a satisfactory scheme. The Minister of Justice, who was present, thanked the Society for the steps it was taking, and promised to be present at future meetings for the discussion of the subject. The Society appointed a small committee, consisting of Señhores Bettencourt Raposo, Sousa Martins, and Silva Amado, to consider the subject and to draw up a report."
> —*London Lancet.*

We shall watch this action with interest.

RUSSIAN ALIENISTS.—The first Congress of the Alienists of Russia was announced for January 4th to 11th, 1887. We have not received the advices of its action.—*Le Progres Medical.*

HABITUAL USE OF ALCOHOL.—Dr. T. S. Clouston says in regard to it :

> "I am safe in saying that no man indulges for ten years continuously, even though he was never drunk in all that time, without being physiologically changed for the worse. And if the habit goes on after forty years of age, the change is apt to be faster and more decided. It all depends on

the original inherent strength of the brain, how long the downward course takes. Usually some intercurrent disease or tissue degeneration cuts off the man before he has chance of getting old. I have seen such a man simply pass into senile dementia before he was an old man, from mild, respectable alcoholic excess, without any alcholism or preliminary outburst at all. And I am sure I have seen strong brains in the medical profession, at the bar, and in business, break down from chronic alcoholic excess, without their owners ever having been once drunk."

THE WISCONSIN PLAN OF SMALL ASYLUMS FOR THE CHRONIC INSANE.—A. O. Wright, Secretary of the Wisconsin State Board of Charities and Reform, read a carefully prepared paper before the National Conference of Charities, explaining and defending the plan of County Insane Asylums, in vogue in that State.

He recommends not less than fifty, nor more than one hundred inmates, with two story brick buildings, that he describes.

It should be on a farm, well stocked with all kinds of animals, and the work done by the inmates.

The Board of Trustees should manage it, and appoint the Medical Superintendent and other officers, Superintendent, Matron, etc.

Occupation and amusements he dwells upon as of first importance, good cooking and care taken of food and diet, full liberty given patients, and the place regarded as a home, not a prison. Mechanical and chemical restraints should not be resorted to, and doors not kept locked during hours of daylight.

He gives great space and importance to *moral* treatment of the insane, and his paper can be read with interest and profit by every asylum superintendent, official and attendant.

In the pending discussion of the care and treatment of the insane, the experiments made in Wisconsin are very interesting indeed. This paper is in the Reports of the National Conference of Charities.

ENGLISH PUBLIC ANALYSTS.—A. H. Allen, of Sheffield, England, Analyst for the West Riding of Yorkshire, author of work "On Commercial Organic Analysis," was elected President of the Society of Public Analysts of England, at their annual meeting, January 12th, 1887.—*British Medical Journal.*

BRITISH EXPERTS.—Dr. Brady, of Liverpool, refused to enter into recognizance to appear as a witness for the Crown in a criminal case, for the price paid by the Crown, and was unwilling to bind himself to leave his patients and practice at the Government price.

The magistrates say such an instance is without precedent in their courts.

The English journals think the Government remuneration, £1 1s. 0d., not enough, and claim that it should be raised to two or three guineas per day at the least.—*London Lancet.*

SAMUEL WILKES, M. D., is the President of the English Neurological Society, which held its annual meeting on January 27th, in London.

PROFESSOR WESTPHAL.—The "British Medical Journal" of January 8, 1887, pays the following just tribute to this distinguished man:

"Last month Professor Westphal, the eminent writer on mental and nervous diseases, celebrated the twenty-fifth anniversary of the beginning of his career as a teacher in the University of Berlin. Carl Westphal was born at Berlin in 1833, and received his medical education in the university of that city under Schoenlein, Traube, Romberg, Wolf, Baerensprung, Tüngken, and Langenbeck. He took his doctor's degree in 1854, became Privat-docent seven years later, and in 1874 was appointed Professor Ordinarius. Westphal's great merit is, that he has reformed the care of the insane in Berlin. When he entered on his duties as assistant-physician to the Lunatic Department of the Charité in 1858, the straight jacket, the treadmill, and the plunge-bath were in daily use. The reports of Ernst Horn

(1818) contain illustrations of the various appliances employed at that time, which are more like the *armamentarium* of a torture chamber than of a place for the relief of disease. After Horn, the same bad tradition was kept up by Ideler; and after him, though to a less extent, by W. von Horn. Westphal, in his position as a subordinate, could do little to mend matters, although personally convinced that Conolly's 'non-restraint' system was more effectual as well as more humane. At last, in 1860, this method was introduced by W. Griesinger, and a *clinique* for diseases of the nerves was added to the department. In 1868 Westphal succeeded Griesinger, and whilst completing the work which the latter had begun, largely extended the arrangements both for the treatment of sufferers and the instruction of students. Through his efforts, lunacy obtained a place among the recognized subjects of academic teaching. Of great reputation as a teacher, Westphal is no less celebrated as an investigator. His contributions to mental and nervous pathology are too numerous to mention in detail. His experimental researches on epilepsy, and his study of the reflexes are well known. 'Westphal's symptom' is now a matter of every day observation in clinical practice. To him also alienists are indebted for the recognition of agoraphobia as a distinct form of mental disease."

No man in Germany was held in higher estimation in that department of science, to which he has given special attention, than Professor Westphal.

MEDICO-LEGAL SOCIETY.—The growth of this Society since January, 1887, under its present management, has been very gratifying indeed. Thirteen new members were elected at the January meeting, eight at the February meeting, and thirteen at the March meeting, all upon the nomination of the President of the Society—making a total of thirty-four new members in a little more than two months. Their names appear in the Transactions in this issue. The unanimous approval by the body of the recommendations of the President contained in his Inaugural Address, and the organization of able Committees to carry the same into effect, indicate the increasing interest felt in the work of the Society. Its sessions are now held in the parlors of the Buckingham Hotel, Fifth avenue and Fiftieth street.

and the discussions have been of a very interesting character.

The completion of Series 3, and its delivery to subscribers, since our last issue, has been a credit to the Society and the Committee having that work in charge. We give the letter of Judge Noah Davis, one of our Honorary Members, in which he speaks in praise of the work :

2 WALL STREET, January 11, 1887.

MY DEAR MR. BELL :

I hasten to thank you for the book "Medico-Legal Papers" which you have so kindly just sent me.

A glance at its contents shows that it is a book of real merit and value, and I shall preserve it carefully for future use and reference.

The admirable portraits it contains, especially that of yourself, renders it even more interesting to your friends.

You not only have my sincere thanks, but you deserve the commendation of the public for the labor you have devoted to the most interesting and important subject of medical jurisprudence. In fact, your efforts have brought that science to a commanding position which it had never before attained.

Accept my best wishes for your health and prosperity in all things.

Truly your friend,

NOAH DAVIS.

CLARK BELL.

The list of subscribers to Series 4 and 5 of "Medico-Legal Papers," under the President's recommendation, provided at least sixty subscribers could be obtained, is gaining signatures constantly, leaving little room to doubt the commencement of Series 4 at an early day, on a basis similar to that of Series 3.

Authors of papers, subscribers to the JOURNAL, and all persons desirous of reproducing the unpublished papers read before the body, from 1878 to the year 1883, when the MEDICO-LEGAL JOURNAL was founded, will please send their names to the editor of this JOURNAL, or to any officer of the Society. The subscription price will be $3.50 in muslin, and $2.50 in paper; and it is believed that if the subject is properly brought to the attention of both professions, the entire edition would be at once subscribed for.

PERSONAL.—Mr. Clark Bell has been elected a corresponding member of the "SOCIETIE FRENIATRIA ITALIANA," of Milan, Italy.

Toxicological.

Atropia, as an antidote for opium poisoning:

Dr. D. G. Semtchenko, of Kazan, reports a case of the successful use of atropine as an antidote, where an infant had by mistake taken five grains of Dover's powder. The dose was one drop every half hour of a solution of one grain of sulphate of atropia in two drachms of water. After first hour, one drop every hour until four drops were taken (Vratch, No. 29, 1886, p. 529).

Corrosive Sublimate.—Dr. Alfred S. Gubb reports in "London Medical Record," March, 1887, page 120, the case of a man who had by mistake swallowed a solution containing ninety grains of the salt. Sweet oil was successfully used by the Hospital Steward, followed by subcutaneous injection of morphine. Intense salivation followed the recovery.

Belladonna Poisoning.—In the same number, a case is reported where a young lady swallowed a full teaspoonful of the normal liquid of belladonna, of which five drops in water was a full dose. She was treated by hypodermic injections of morphia, commencing with half-grain doses, and repeated in quarter-grain doses.

It is a curious fact that this lady, who suffered from asthma prior to the occurrence, had no attack for six months after her recovery.

POISONING BY BENZOLINE VAPOR.—Dr. Richard Neale reports in same number, same journal, a case of a man poisoned by the vapor of benzoline by entering an empty storage tank. He became insensible, moaning with hysterical laughter. He recovered by use of ether and solution of ammonia.

SUBLIMATE OF BISMUTH.—Dr. M. P. Datche communicated an interesting case to the Medico-Legal Society of France, where a patient suffering from wounds made by burns, that had been dressed by subnitrate of bismuth. The burns were quite extensive, and the subsequent indications showed decided symptoms of poisoning, substantiated by examination of fœcal matter, as well as the urine. She recovered.—*Paris Medical.*

Transactions of Societies.

THE MEDICO-LEGAL SOCIETY.

JANUARY MEETING, 1887.

January 12, 1887.—Society met at Hotel Buckingham, Dr. Isaac Lewis Peet, President, in the chair.

In the absence of the Secretaries, Dr. Mary J. McCleery was chosen Secretary, *pro tem.* The minutes of the December meeting, 1886, were read and approved. The Report of the Board of Trustees was submitted by Wm. G. Davies, Esq., President of the Board of Trustees, which was, on motion, received and ordered placed on file.

Report of A. C. Butts, Esq., as acting Treasurer, was submitted, and on motion, was referred to the Executive Committee.

Communication was received from ex-Chief Justice Hon. Noah Davis, to the President elect, regarding Series 3, "Medico-Legal Papers," which was read and ordered printed in the "Medico-Legal Journal." Several communications were read and referred to the Executive Committee.

The Executive Committee reported, recommending the election of the following members, who had been proposed by Mr. Clark Bell:

Active members:

E. B. Schafer, Esq., 103 W. 44th st.; Cornelius A. Runkle, Esq., 154 Nassau st.; Delancy Nicoll, Esq., District Attorney's office; C. Bainbridge Smith, Esq., 94 Liberty st.; McKenzie Semple, Esq., District Attorney's office; Isaac Angel, Esq., 242 Broadway, N. Y.; Daniel R. Lyddy, Esq., 33d st. and Fifth ave.; Amelia Wright, M. D., 221 W. 34th st.; James M. Lyddy, Esq., 206 Broadway, N. Y.; Seneca D. Powell, M. D., 42 W. 40th st.

Corresponding members:

R. S. Sutton, M. D., 419 Penn Ave., Pittsburgh, Pa.; Hon. Chas. H. Daniels, Justice Supreme Court, Buffalo, N. Y.; D. Lentz, Supt. Belgium Asylums for Insane, Tournai, Belgium.

On proceeding to ballot, the members as recommended by the Executive Committee, were duly elected.

Isaac Lewis Peet, LLD., the retiring President, then read his retiring address, and introduced his successor, Clark Bell, Esq., President elect. The elected officers were then duly installed. Mr. Clark Bell, President elect, took the chair, and pronounced his inaugural address.

The Report of S. N. Leo, Treasurer, was presented and ordered placed on file.

The Committee on selection of a suitable place of meeting reported in favor of the Buckingham Hotel, which was approved by the Society.

The Report of the Library Committee was, on motion, deferred, subject to the order of the Society or Executive Committee.

After general informal discussion the Society adjourned.

MARY J. McCLEERY,

Secretary, *pro tem.*

February Session.

A regular meeting of the Medico-Legal Society was held Wednesday evening, February 9th, 1887, at the Buckingham Hotel, President Clark Bell in the chair. The minutes of the January, 1877, meeting were read and approved. On recommendation of the Executive Committee, the following gentlemen proposed by President Clark Bell, were duly elected active and corresponding members respectively :

Active :

Darius G. Crosby, H. T. Marston, Robert Milbank, M. D., E. W. Chamberlain, Henry S. Bennett, Eliza Archard Connor, all of New York city.

Corresponding :

Norman Kerr, M. D., London, President Society for Study and Cure of Inebriety.

Judge Stanley Mathews, Supreme Ct., U. S., Washington, D. C.

Mr. E. W. Chamberlain then read the paper of the evening, entitled "SOME FACTS IN THE DRUSE CASE."

Discussion was participated in by President Clark Bell, Mr. R. B. Kimball, Dr. Amelia Wright, Dr. Jno. M. Carnochan, Mrs. M. Eugenia Berry, Dr. Peet, Albert Bach, Esq., and others.

On motion meeting then adjourned.

ALBERT BACH,
Secretary.

March Meeting.

A regular meeting of the Medico-Legal Society was held Wednesday evening, March 9th, 1887, at the Buckingham Hotel, President Clark Bell in the chair.

The minutes of the February, 1887, meeting were read and approved.

On recommendation of the Executive Committee, the following gentlemen proposed by President Clark Bell, were duly elected active and corresponding members respectively:

Active:

Charles H. Blair, Esq., New York city.
Edward J. Morgan, Jr., M. D., Ithaca, N. Y.
O. H. La Grange, Esq., New York city.
Judge Jno. R. Dillon, New York city.
J. D. Roberts, M. D., Gainesboro, N. C.
John Henry McCarthy, Esq., New York city.
M. Louise Thomas, Tacony, Pa.
W. W. Strew, M. D., New York city.

Corresponding:

Professor Dr. Paul Kowalewsky, Kharkoff, Russia.

Professor Dr. P. Heger, Brussels, Belgium, President Society Mental Medicine of Belgium.

Dr. F. Lentz, Secretary Society of Mental Medicine and Superintendent of the Insane Asylum at Tournai, Belgium.

Professor Senator Andrea Verga, President Societe di Freniatria, Milan, Italy.

W. H. Taylor, New Bedford, Mass., Secretary Medico-Legal Society of Mass.

Letters from Prof. Kowalewsky and F. Lentz, of Tournai, Belgium, acknowledging receipt of diploma and accepting election as corresponding members, were then read.

President Clark Bell read the paper of the evening, entitled "Insanity and the Care of the Insane."

Discussion was participated in by Dr. Leo, Mr. O'Neil, Mr. W. S. Andrews and Mr. Albert Bach.

On motion a vote of thanks was tendered President Bell for his able paper.

Paper entitled, "Simple and More Intelligent Classification in Mental Disease," by corresponding member, Prof. Jas. J. Elwell, of Cleveland, Ohio, was then read.

On motion the following resolutions were unanimously carried:

Resolved, That the President, Secretary and Assistant Secretary are hereby authorized, or any two of them are authorized, to make the obligations of the Society on time at six per cent. interest payable at such time and on such terms as shall be deemed for the best interest of this society in settlement of the debts due from this body, to those holding the same.

Resolved, That the President is authorized and empowered to name appropriate committees to carry out the recommendations of this inaugural address, which are hereby approved.

Resolved, That a committee be named to examine into the question of the criminal liability of the deaf mutes whether educated or uneducated.

On motion the meeting then adjourned.

ALBERT BACH,
Secretary.

MEDICO-LEGAL SOCIETY.

The Society at its March meeting, having approved of the recommendations made by the President in his Inaugural Address, and directed the organization of Committees to carry the same into effect, the following Committees, appointed by the President, are announced to the society:

LEGISLATION REGARDING INSANE.

Clark Bell, Esq., *Chairman.*

Jno. M. Carnochan, M. D.
Andrew H. Smith, M. D.
Frank H. Ingram, M. D.
R. L. Parsons, M. D.
Stephen Smith, M. D.
Hon. David Dudley Field.
" Jacob F. Miller.
" Luther R. Marsh.
Judge Jno. F. Dillon.
Z. S. Sampson, Esq.

ON STATE CHEMIST AND LABORATORY.

Prof. R. O. Doremus, *Chairman.*

Gen'l R. W. Busteed,
Delancey Nicoll, Esq.
Henry S. Bennett, Esq.
Judge W. H. Arnoux.
Amelia Wright, M. D.
S. N. Leo, M. D.

ON REORGANIZATION OF THE MORGUE.

The President,
The Secretary, and
The Permanent Commission.

ON PUBLICATION OF SERIES 4 AND 5 OF MEDICO-LEGAL PAPERS.

R. S. Guernsey, Esq., *Chairman.*

Mr. Clark Bell.
Ferd. C. Valentine, M. D.

ON TRANSLATIONS.

Morris Ellinger, *Chairman.*

Z. S. Sampson, Esq.
Judge M. Otterburgh.
F. C. Valentine, M. D.
Albert Cohn, Esq.
J. Frederich, M. D.
Simon Sterne, Esq.
Albert Bach, Esq.
Samuel D. Sewards, Esq.
Dr. G. Frauenstein.
Benno Loewy, Esq.

ON HYPNOTISM.

Charles H. Blair, Esq., *Chairman.*

Edward J. Morgan, Jr., M. D.
Wm. F. Holcombe, M. D.
Chas. S. Fischer, M. D.
Mary Weeks Burnett, M. D.
Eliza Archard Connor.
James M. Lyddy, Esq.
Robert Milbank, M. D.
Isaac Angel, Esq.

ON CRIMINAL RESPONSIBILITY OF DEAF MUTES.

Prof. Isaac Lewis Peet, *Chairman.*

J. D. Roberts, M. D.	C. Bainbridge Smith, Esq.
Seneca D. Powell, M. D.	Albert Bach, Esq.
Judge S. Burdette Hyatt.	A. C. Butts, Esq.

Members of the Committees and of the Society will please take notice of the organization and composition of said Committees.

Respectfully,
C. B. AUGUSTINE,
Asst. Secretary.

Mar. 16, 1887.

MASS. MEDICO-LEGAL SOCIETY.

Boston, February 2d, 1887.

The meeting was called to order at 12.20, P. M., by President Winsor. Present 18 members. Records of the last meeting were read and approved.

President Winsor, chairman of the Committee on Medical Expert Testimony, made a verbal report to the effect that the Committee had nearly agreed on the form of a Bill to present to the Legislature. Some remarks on the subject were made by members Hurd and Johnson. Associate Member Fitz introduced the following preamble and motion:

"It is for the interest of medical examiners to make their reports of autopsies as exact and comprehensive as possible. Especially since, at the time of the examination, it is uncertain what questions may subsequently arise as to the cause and manner of death.

The reports should, therefore, be based on some scheme or plan which experience has proved to be the most satisfactory, to meet the various conditions which may arise.

The most feasible way of producing such comprehensive reports, is for each examiner to make his record of the *post mortem* examination upon a printed blank or form, which shall indicate the data to be determined and the sequence to be followed.

It is, therefore, moved, that a committee of three be appointed to prepare for the consideration of the Society, a form to be followed in returning the record of an autopsy.

The motion prevailed, and a committee was appointed, consisting of Prof. Fitz and Medical Examiners Draper and Holt.

The President acknowledged receipt of papers read before the Medico-Legal Society of New York, 3d. series, from Clark Bell, Esq.

Med. Exr. Draper offered the following resolution:

Resolved, that the Mass. Medico-Legal Society expresses its cordial sympathy with all proper efforts to limit and control the growing facility with which civil siuts are brought in the Courts of this State, with unfounded charges of malpractice as a ground for damages.

Resolved, that a committee of three be appointed to co-operate with others, either individuals or societies, in obtaining the relief which the medical profession desires and needs in relation to the evil above described.

Dr. Hurd seconded the motion for the appointment of a committee, and members Draper, Holt and Johnson were chosen such committee.

Med. Exr. Draper asked what medical examiners understood by the term "settlement," in relation to the bodies of residents or strangers, and also whether members found it a hardship to collect fees from the Commonwealth, in cases of examination of the bodies of strangers.

The questions were replied to by members Hartwell, Pinkham and Fish, giving some variety of opinion.

Med. Exr. Draper stated that he had sent a bill to the Judiciary Committee of the Legislature giving medical examiners the power to hand over bodies of strangers to the overseers of the poor in the town where the view is made, for burial, and to provide payment of fees in all cases by the county treasury.

On motion of Med. Exr. Mead the society approved the action of Med. Exr. Draper.

Med. Exr. Pinkham read a paper entitled An Anomalous Arrangement of the Veins of the Neck. The usual site of the external jugular vein was occupied by a very large vessel which could be traced above to the jugular foramen, and below to the subclavian vein. There was no internal jugular vein.

The arrangement obtained on both sides of the neck. The subject had died from section of these anomalous vessels by a comparatively superficial cut.

Med. Exr. Pinkham also read a paper on a case of poisioning by Oil of Checkerberry, with autopsy. A fluid ounce of the oil was taken to procure abortion. The essayist reported several other cases where toxic or lethal doses had been taken.

Med. Exr. Fish spoke of the administration of the oil of checkerberry in rheumatic affections, and had given a fluid drachm, or more, in twenty-four hours, without toxic symptoms.

Dr. Hurd reported a case of recovery from the ingection of half a pint of the essence of checkerberry.

Med. Exr. Draper said that all essential oils were similar in their poisonous action, and reported a case of death from two fluid ounces of oil of cedar, the fatal result ensuing in about an hour.

Associate-member Davenport stated that oil of birch is nearly pure methyl-salicytate, and does not contain gaultherylene as the oil of checkerberry does. The heaviness of the oil of birch is the cause of its adulteration with chloroform.

Med. Exr. Winsor made some remarks concerning the Lexington murder and mutilation case, mentioning evidence to show that the subject had died rapidly from hemorrhage, and undoubtedly from one wound.

On recommendation of the standing committee, Arthur Lord, Esq., of Plymouth, was unanimously elected an associate member.

Voted to adjourn.

W. H. TAYLOR,
Recording Secretary.

MEDICO-LEGAL SOCIETY OF CHICAGO.

Stated meeting held March 5, 1887, at the Grand Pacific Hotel. President, S. A. K. Steele in the chair, Dr. Steele being obliged to leave, Dr. E. J. Doering, by request of the president, presided. The secretary being absent, Dr. Scott Helm acted as secretary. The minutes of the last meeting were read and approved.

Dr. Edward Warren Sawyer read a paper on "The defects of the present system of Coroner's Inquest," which was discussed by Drs. L. L. McArthur, Rosa Engert, Joseph Zeisler, U. P. Newman and E. U. Pierce. On motion of Dr. G. W. Webster, the chair appointed a committee of six to draft a bill to be presented to the State Legislature to correct the present abuses. The committee consisting of Dr. E. W. Sawyer, chairman, Dr. U. P. Newman, Dr. Joseph Zeisler, Dr. G. W. Webster, E. Winters, Esq., and O. H. Horton, Esq., were directed to report at the next meeting.

The resignation of Dr. P. C. Jensen, who gave as his reason for resigning change of occupation was tendered and accepted.

On motion the society adjourned.

SCOTT HELM, M. D.,
Secretary *pro tem.*

Journals and Books.

The Jurist, Richard M. Stephenson, Editor. Alexander & Shepheard, Publisher, *London.*

The first No. of this Journal certainly promises well, and we feel sure it must be well received by the English Bar. The editorial notes are of decided interest, and if the initial number is a fair sample of future ones we decidedly commend the Journal to American Lawyers, who desire to keep advised of legal matters in the English capital. It is especially valuable to Students of law, and we welcome it to our list of exchanges.

Journal de Medicine, Dr. A. Lutaud, Editor in Chief.

This Journal is in charge of Dr. Lutaud, who has been one of the Secretaries of the Medico-Legal Society of France, with the aid of a very strong corps of collaborators.

This Journal publishes critical reviews of the proceedings and papers of the leading French Medical and Scientific Societies.

It occasionally contains articles of interest in Forensic Medicine, as its editor is a well known author and authority on Medical Jurisprudence. We are in hopes that Dr. Lutand will visit this country at the International Congress and shall, in that case, hope to see him at the Session of the Medico-Legal Society.

MASSACHUSETTS MEDICO-LEGAL SOCIETY, Transactions, *Vol. 1*, *No. 9*, 1886, CUPPLES UPHAM & Co., Boston.—The 9th No. of Vol., transactions of this valuable Society are upon our table.

It contains "The Dunbar case, by Dr. F. K. Paddock. Was the Dumbar case a murder or a suicide, by D. B. A. Fitch. Notes on the Lawton murder case, by Wm. H. Taylor, M.D. The Mass. medical examiner Law, and a list of the members and officers of the society.

THE MEDICAL REGISTER, PHIL., P.—John V. Shoemaker, M.D., Wm. C. Wile, M.D., Editors.

There are 85,671 physicians in the United States, and Drs. SHOEMAKER and WILE, both experienced in their profession, as well as in editorial work, have evidently concluded that a first-class weekly, edited by live men, with an able corps of associates, should secure ten or twenty thousand of these as subscribers.

If American physicians would in their own interest organize a weekly journal of the calibre of the "British Medical Journal" or the "London Lancet," and cause it to be so edited as to be recognized as the exponent of ability and scientific progress, such a journal would go to twenty thousand subscribers at a popular price.

If the "Medical Register" aims high enough, and does its work well enough, it can fulfil this mission.

MEDICAL AND SURGICAL MEMOIRS, Vol. II, By JOSEPH JONES, M. D., New Orleans, La., 1887.

Dr. JOSEPH JONES, eleven years after his first volume was issued, publishes a large and illustrated work of 1348 pages, which is the record of a busy professional life devoted to the review of those cases and labors that came under his observation while connected with the State Board of Health of Louisiana. It is especially valuable in regard to infectious and contagious diseases, fevers and malarial diseases, than whom in their treatment probably no one has had superior advantages than the author.

The chapter on color in the human race, and the researches as to Albinos in the negro race, is interesting.

Dr. Jones gives much space to leprosy in America. The work is splendidly illustrated, and credit is given by the author to Mr. Alfred Maurice for this excellent work. We believe the profession at large will recognize the contribution of this distinguished observer, as of the most important character covering the subjects, to the illustration of which, he has brought his almost invaluable experience.

THE LAW OF INSANITY. By HENRY F. BUSWELL. LITTLE, BOWN & Co., Boston, 1885.

The ablest volume by far upon the legal side of the question that has appeared.

For lawyers it is an invaluable work, as it has collated a very large number of ancient and modern decisions bearing upon the question from its purely legal standpoint.

Physicians who do not understand that the law has not recognized insanity as a disease of the brain, as they have done ; are unable to understand the reason or the philosophy, of many legal decisions and distinctions in decided cases, where the plea of insanity has been interposed.

This book is more valuable to physicians than lawyers, we mean alienists, experts, and those who make a study of the subject, because it is a presentation of the current of legal decisions and opinions in Great Britain and America, and the logic and basis upon which those decisions have been placed.

Mr. Busnell seems not to have at all considered or investigated the subject from its medical side. *Lex est Scripta* is the motto of the work.

It is not a treatise on insanity, either as a disease. a state or condition. It is, as its name and title implies. a treatise on *the Law of Insanity*, as it is written, and has been decided in the Courts.

Its most important chapters, from a Medico Legal standpoint, are its first chapter on Legal Definitions of Insanity, of which we shall say more hereafter ; its XI. Chapter on Testamentary Capacity ; and its Chapter XIII. on the Criminal Liability of the Insane.

Physicians and lawyers would be equally interested in his Chapter on the inquisition to determine the question of sanity or insanity, and in the Chapter on evidence of prior insanity, as it relates to experts and expert testimony, as well as on the English Lunacy Statute, which are given in an Appendix while lawyers would find the whole work a very valuable, and we had nearly said indispensable addition to their libraries. His second Chapter on the jurisdiction over insane persons and their estates ; his fourth Chapter on committees and guardians of insane persons, and his Chapters on the management of the estates of the insane, and of suits by or against the insane or their committees, is certainly the most complete and able exposition of the law we have ever seen, which is quite true as to the chapters on capacity to do valid acts, the powers and disabilities of the insane, and that regarding conveyances by insane persons.

PHYSIOLOGICAL PSYCHOLOGY, by PROF. GEO. T. LADD. CHARLES SCRIBNER'S SONS, New York, 1887.

Prof. Ladd has made a notable contribution to the literature of Psychology, by his recent work. It is a field that has latterly excited more than usal interest, on account of the recent advanced claims in Psychological Science, both as regards cerebral localization, and the more mystical field of psychometry.

Professor Ladd seems to believe, that scientific exploration from the physiological standpoint, cannot lead the consciencious student far astray, if one goes carefully into his facts and his premises.

While he recognizes the difficulties surrounding all the phenomena of consciousness, and those as well of the nervous system of sensation and perception, he is conservative on what we may call established facts, as against fairly well defined and rational scientific conjecture. The real *point d'appui* of research is perhaps better defined by the distinction this author makes, in defining or regarding psychology, as "that science which has for its primary subject of investigation all the phenomena of human consciousness or of the sentient life of man,"

It has been common to say that "Psychology was the science of the human soul," but Prof. Ladd avoids all debate as to the *soul* and the *mind*, about which casuists and philosophers differ, and investigates "consciousness," which no agnosticism can deny. The work is divided into three parts. I. The Nervous Mechanism. II. Correlations of the Nervous Mechanism and the Mind. III. The Nature of the Mind. The first part is an admirable statement of present physiological knowlege, without going into the claims made by recent histological and embryological students; but the chapter on cerebral localization in the second part will excite more than usual interest in the medical profession. It is certainly the most careful and conscientious statement of the present state of human knowledge upon this subject that has recently come under our eye.

The work and claims of the earlier observers, of Gall, Spurzheim, and their contemporaries, Boillaud, Dax Le Long, and of the opponents, as Longet, Magenelia, Flourens, Matteuci, Van Deen, Budge, Schiff, are not given that weight that other observers now give them. More stress is laid on the later work, commehcing 1870, of such students as Fritsch, Hitzig, Ferrier, Exner, Broca, Kussmall, and the experiments by stimulation and by extirpation. Prof. Ladd attaches great weight to the value of *elcctrical current* as an agent in this inquiry, and the experiments of Dupuy Carville and Duret; Franck, Pitres, Luciani, Seguin and Tamburini. He does not ignore *comparative anatomy and histology*, but regards this evidence of a general character, and the latter as only a support or auxilliary aid to the former.

He quotes Schiff, Mink, Goltz, Löb, Kriwotorow, and their experiments and conclusions, as well as Lepine, Charcot, Meynert, Betz, and Luciani; Von Gudden, Biesiadecki, Lehmeyer, Foster and others.

We arise from the perusal of this chapter, with more doubts than hitherto, of the theory of cerebral localization, and Prof. Ladd may be classed as an opponent of the theory, because his work weakens rather than strengthens, the hands of its friends.

No student of the subject, however, can afford to be without the work, and we regret that our space does not permit a more extended notice of it.

All in all, it is well worthy the high reputation of its author, and must command by its signal ability, the attention of scientists, on both sides the sea.

CONGRESS OF GERMAN ALIENISTS.—The 16th Congress on Mental Medicine, by the Alienists of Germany, will be held at WIESBADEN, April 13th to 16th, 1887. Dr. Lyden, of Berlin, will preside. Papers are announced by Detlweiler, Penzoldt, Nothnagel of Vienna, Naunyn, Vogel, Hagenbach, Lichtheim, Reindfleisch, Unvervicht. Rossbech and others.—*Le Progres Medical.*

NORTHERN INSANE ASYLUM.—Hon. Wm. P. Letchworth sends us copy of the majority and minority reports, as to the location of the proposed Northern Asylum for the Insane. Without entering into the merits of the location, we feel certain that the Insane of the State of New York, now and in the future, would be best served by not building any more State Asylums.

If the State authorities and Mr. Sloan, the able Chairman of the Finance Committee of the Senate, would investigate the system of colonizing the Insane, recently adopted in Michigan, the Wisconsin System of caring for the Insane, the Cottage System, in vogue now at Kankakee, study those in Indiana, at Richmond, and Toledo, Ohio; and in Iowa, those attempted at Middletown, Conn., Washington, D. C., Jacksonville, Illinois, and London, Ontario, the action of Massachusetts, in her law for boarding the harmless and incurable insane in families; the workings of the colonies at Ghent and Lierneux in Belgium; the Scotch effort and English effort in the same direction, we should then expect some man in the Legislature would call a halt on further State expenditure in the direction of Asylum Construction, and an intelligent practical inquiry ordered to be made, based on two ideas.

1. The substantial improvement of the condition of the Insane themselves.

2. The enormous economy and saving to the State by such legislation, as would enable the chronic and harmless insane (now exceeding fifty per cent. in every State Institution of its inmates) to have comfortable homes in private families, under competent medical supervision. Must New York be the last State in the civilized world to keep pace with the progress of events in this regard ?

THE CHICAGO LAW TIMES.—Catherine Waite, Editor. C. V. Waite & Co., Chicago, Ill., 1886.

Whether there be room for a new law quarterly or not, the first number of this new journal certainly evinces sufficient ability in its editorial department to interest not alone lawyers, but to some extent the general reader.

Tne portrait of the late Chief Justice Salmon P. Chase is after Ritche's really fine engraving, and the sketch of his life, is from the pen of *H. M. Tracy Cutler.*

That which interests us most in this movement is the fact that it is edited by a woman, and two of its most interesting leaders are by lawyers of the same sex, viz. :

Women Jurors in Washington Territory,
By LELIA J. ROBINSON, LL. B.

Admission of Women to the Bar,
By ELLEN A. MARTIN.

We take pleasure also in noting a new departure in a legal journal, but a most commendable one, and that is a "*Medico Legal Department*," which is in charge of Prof. MARSHALL D. EWELL, M. D., LL. D., as editor. He is the Secretary of the Chicago Medico Legal Society, and a corresponding member of the Medico Legal Society of New York.

We are glad to place this journal on our exchange list, and shall watch its columns with the same interest for a chronicle of the progress of the movement in the intellectual advancement of women in the legal profession that we have hitherto in the Medical.

LA GAZETTE MEDICALE DE MONTREAL.

Directors: Prof. PAQUET, Prof. DESJARDINS and Prof. KINGSTON. Editor-in-Chief, Dr. BEAUSOLEIL.

We notice the issue of a new monthly Medical Journal in the French tongue.

It has original articles of merit by well known physicians, and gives attention to special departments.

THE AMERICAN LAW REVIEW.—The last number of this valuable journal contains articles on codification from the pen of David Dudley Field, which are well worthy the thoughtful attention of the profession.

It has been charged that lawyers, as a profession, were opposed to the *Codes*, from a low motive, and as unwilling to make the law common and accessible, to the people, as carefully prepared codes would, which is absurd and untrue.

We do not believe lawyers, as a rule, are opposed to the codes in American States. The action of the Judiciary Committee of the Assembly in New York shows a contrary state of facts in that Committee, and it is pretty well known and understood, that the opposition to the code that has shown so much resistance in New York City, is largely due to personal hostility to Mr. Field.

The people strongly favor the adoption of codes. The public press almost unanimously demand it. If laws can be simplified and so condensed as to be read by the people at large, it will be a gain to the State, and without cost to the legal profession. Who ever heard it said, that the adoption of the Code Napoleon ever hurt the lawyers or advocates of France.

Where is there a German lawyer who would for a moment consider seriously the destruction of the German Codes.

The real obstacle to Codes are English ideas, and the traditions, fictions and absurdities of English ancient law.

Great Britain needs, and has for half a century, what France has had, and what we need, and will soon have.

Codification of law is, as Mr. Field well says, no longer a debatable question. The discussion was long ago closed. We have always objections raised to every advance, the steamship, the electric light, railways, street cars, elevated roads, but they come along all the same. So in the Codes, the objectors retard progress, they make the car halt, they delay the march of ideas, but we shall have the Codes.

RUSSIAN ALIENISTS AT MOSCOW.—The Alienists of Russia held their first National Conference on January 5, 1887, at the Polytechnical Museum. Four hundred members attended the session. Forty-five communications were read.

Prof. MEIRZEJEWSKY was chosen President, and read a discourse entitled :

"Nervous and mental diseases in RUSSIA, and how can they be diminished ?"

President MEIRZEJEWSKY claimed that insanity was on the increase in Russia, due principally to three causes: 1. Heridity. 2. Alcoholic abuses. 3. All other causes. He maintained his views by statistics.

In regard to alcohol, he claimed that experience and observation alike shows that it was due, not to the quantity consumed, but the quality used.

He recommended stringent legislation to affect these abuses.

1. Removing all restrictions on the sale of beer, wine, made pure and unadulterated ; and,

2. A rigorous governmental control over the manufacture of brandy and spirits.

3. To hold all vendors of liquors responsible for such as could not control their vicious appetite for drink, or for any disturbance of public or private tranquility due to this cause. On the 2d day Dr. SAVEI MOGUILEWITSCH read a paper upon :

The principles which should control in founding Asylums for the Insane.

He claimed that European asylums have been organized under ancient and superstitious ideas, having for their end or motive the assistance of the insane.

From his standpoint, insane asylums should be so constructed, that the patients should be in small houses separated from each other, and the welfare of the insane and their medical treatment should be kept as separate, and distinct ideas. The largest measure of employment should be furnished the insane, united to the utmost possible freedom of action and personal liberty. Agricultural pursuits were best adapted to the insane, and should be employed on large farms.

All mechanical restraints, all coercive measures, everything restricting personal liberty of the patients, should, under well regulated provisions, be absolutely abolished.

Those not ill should be completely separated from the indisposed, and a regular hospital provided for those who needed medical treatment. Provision should be made for preliminary examination of those who became sick, and a convalescent ward should be established in each asylum for those recovering. The supreme end and aim of the establishment should be the personale of each inmate.

Employees and attendants should pass a thorough and severe examination and scrutiny.

This paper was discussed by Drs. LION, LITVINOFF, SINANI and JATSCHOURJINSKY.

Dr. LION, of ODESSA, read a paper on :

Project of a Psychiatrical Hospital united with an Insane Asylum.

Dr. Lion's plan was to have the entire work of the establishment done by the insane themselves, and upon a basis that would make it self-sustaining, and looking to their taking part even in building, and certainly in all repairs and additions, and that if rightly managed, this labor should cover all expenses. On discussion, this project met with severe criticism. Many members regarded it with disfavor, and as chimerical. It was claimed that experience shows, in the case of the Colonial Establishment of KHOLMOFF, near NOVGOROD, did not materially lessen the expenses of the establishment.

It was safer to regard the labor of the insane as a therapeutical remedial agent, rather than as a source of revenue.

J. ROWBINOUTCH,
In Archives de Neurologie.

Books, Journals & Pamphlets Received.

PROF. STANFORD E. CHAILLÉ, A.M., M.D.—State Medicine and State Medical Societies. (1879).—Address on State Medicine and Medical Organization. (1879).—School Books on Physiology and Hygiene. (1883).—Sanitation, State Board of Health and Epidemics.—History of the Laws regulating Practice of Medicine in La. from 1808 to 1878. (1878).—Small Pox and Vaccination. (1883).—State Medicine in La. Report and Petition to General Assembly. (1881).—State Medicine, Petitions by various La. Societies. (1883).—Physiology and Hygiene in Schools of La. (1886). Origin and Progress of Medical Jurisprudence in America. (1776–1876.)

DR. EDWARD COWLES.—Annual Reports of *Mass.* General Hospital and McLean Asylum, vols. 68, 69, 70, 71 and 72 for years 1881, 1882, 1883, 1884, 1885 and engraving of the Asylum. Photograph of 1st class of Graduates of the McLean Asylum.—Training School of Nurses, organized in 1882.

HON. WM. P. LETCHWORTH.—Report of the Commissioners to locate an Insane Asylum in Northern New York. (January 4, 1887.)

P. O. HOOPER, M. D., Superintendent.—Reports of Arkansas State Lunatic Asylum for 1883 and 1884.—Annual Report of State Lunatic Asylum at LITTLE ROCK, ARKANSAS, for 1885 and 1886.

E. M. GRANNIS.—*The American.*—*The Church Union.*

CARL H. VONKLEIN, M.D.—Rhinology in the past and in the future. 1886.

J. D. ROBERTS, M.D.—Report Eastern N. C. Insane Asylum. 1886.

JOHN B. HAMILTON.—Supervising Surgeon Genl. *Report* for 1886.

JOY JEFFRIES, M.D.—Some Medico-Legal cases, under State and National Laws.

W. L. TRENHOLM.—Comptroller of the Currency Report for 1886.

JOHN B. CHAPIN, M.D., Supt.—Penn. Hospital for Insane, Phil. Report, 1885 and 1886.

C. J. LUNDY, M.D.—Presidential Address Detroit Med. & Lib. Ass., October 4, 1886.

S. S. SCHULTZ, M.D., Supt.—Pa. State Hospital for Insane, Report for 1885 and 1886.—Report of American Bar Association for 1886.

JOSEPH JONES, M.D.—Fevers. Medical Surgical Memoirs, pp. 1348, Vol. 2, 1887.

EPHRAIM CUTTER, M.D.—Hot Water and use of Beef in chronic diseases. W. A. KELLOGG. 1883.

IVINSON, BLAKEMAN, TAYLOR & CO.—Sources of the Mississippi. Capt. Glazier and his Lake.

C. RENWALD through B. Westerman & Co.—Bulletin Mensuellee 28th year, No. 11 and 12. 1886.

KIRCHOFF & UIGAND.—Leipsig, Auliquants Bucherlager. No. 781. 1887.

A. JACOBI, M.D.—Follicular Amygdalitis. 1886.

DR. O. R. LONG.—Report of Mich. Asylum for Insane Criminals for 1886.

J. W. MCLAUGHLIN, M.D., Austin Texas.—Researches into the Etiology of Dengue.

THEO. W. FISHER, M.D.—48th Annual Report of Boston Lunatic Hospital. 1886.—His unique cases of Insanity. (1887).—THE NATIONAL HERALD, NEWPORT, Ky.

C. A. LINDSLEY, M.D.—9th Annual Report of Conn. State Board of Health.

A. E. FOOTE.—Naturalists' and Leisure Hours' Monthly Bulletin.

DR. F. LENTZ.—Discourse upon the Classification of Mental Diseases.

Classification of Mental Diseases.

Systematic Table of the Medical Examination of the Insane.

Les Soins, a donner aux Gateux.

Analysis of Dr. Krafft Ebfing's paper on "Des Etats d'inconscierie Morbide."

Medico-Legal Report on "Attentats aux Mœurs."

Report Medico-Legal on Mental State of D., accused of paricide.

Report on Asylum Crowding. By Van den Abele, B. C. Ingels and Dr. Lentz.

Medico-Legal Report on Mental Condition of Glorieux, accused of arson. B. Sclreoms and Lentz.

The MASS. MEDICO-LEGAL SOCIETY, Medical Examiner Law, and a list of the members and officers of the society.

THE MEDICAL REGISTER, Phila., Pa.—John V. Shoemaker, M. D.; William C. Wile, M. D., Editors.

JOHN J. REESE, M. D.—Prest. Med. Jurisprudence Society of Phil. Live Birth in its Medico Legal Relations.

CHAUNCEY M. DEPEW.—Oration at the unveling of the Bartholdi Statue of Liberty.

P. M. WISE, M. D.—18th Annual Report Willard Asylum, N. Y. Historical Sketch of Willard Asylum, 1887.

J. D. ROBERTS, M. D.—Report of Comm. Med. Jurisprudence N. Carolina State Med. Society, 1886.

GEO. C. PALMER, M. D.—Annual Report of Michigan Asylum for Insane, 1885 and 1886.

JOHN P. GRAY, M.D.

Through the courtesy of Dr. J. Alder Bloomer, the present Superintendent of the State Asylum at Utica, N. Y., we are enabled to present the portrait of this distinguished Alienist and Physician, whose relations to Medical Jurisprudence in the domain of insanity, and the care of the insane, have been so conspicuous since 1850, when he entered upon service in the Utica Asylum. He became superintendent of that institution in 1854, when but 29 years of age, and continued in that position until his death, on 29th November, 1886.

Dr. Gray was the editor of the American Journal of Insanity, since he came to the head of the Utica Asylum, a journal which has occupied, for so many years, a position of prominence in the current realm of Forensic Journalism. Born in Pennsylvania, Dr. Gray graduated at DICKINSON College. He took his degree in medicine at the UNIVERSITY of Pennsylvania. He was an honorary member of the PSYCHOLOGICAL SOCIETIES of GREAT BRITAIN, FRANCE and of ITALY. HAMILTON College conferred the degree of LL. D. upon him. He was Professor of Medical Jurisprudence of Bellevue Hospital and of Albany Medical College, and was an ex-President of the Association of Medical Superintendents of American Institutions for the Insane, of the New York State Medical Association, and various other societies and bodies.

He was a leader of thought among American Alienists, of strong and determined nature and will, his influence was certainly greater than any one man among his cotemporaries.

NEW YORK STATE LUNATIC ASYLUM, UTICA, 1867.

He did not accept the views of the English Superintendents on Mechanical Restraints in the care of the Insane, and his influence, more than any American Superintendent, retarded the adoption in American Asylums of the more advanced views upon these subjects, on this side the Atlantic. Placed in the conspicuous position of Superintendent of the leading Asylum, in the foremost American State, he was ever in the front rank, in the various questions that came up for discussion, regarding asylum management, lunacy legislation, and all public questions of that kind.

Positive and aggressive in character, he made many enemies, and, perhaps, more friends, who became devotedly attached to him, his administration of Utica Asylum was the constant subject of assault. He, however, defended his course with the same energy and success, that characterized his life, and now that he has gone, will be regarded by all, friend and foe alike, as one of the most remarkable and lustrous figures in Medical Jurisprudence, surely so on the medical side that we have seen in the last half of the 19th century in America.

THE NEW YORK STATE ASYLUMS AT UTICA.—The State of New York chartered the New York Hospital in 1771, but it was not finished till 1791. It was not an Insane Asylum, but it organized an Insane Department, and from time to time received large grants from the State for the erection of buildings for the care of the insane. This was the first step in New York for State supervision of the insane, and it received its first insane patients in July, 1797. It received, however, in the next twelve years, up to 1803, only 215 insane patients, and was wholly inadequate to meet popular needs.

Throughout the State the insane were kept in poorhouses and in jails. In 1806 the Governor of the State applied to the Legislature for aid, which was granted, and the Governors of the New York Hospital built what was called the "Lunatic Asylum," near the hospital, with accommodation for 80 patients, at a cost of $56,000.

In 1815 the hospital governors asked for an appropriation to buy a tract of land near the city, and build larger buildings. The Legislature assented, and 77 acres of land were purchased, and Bloomingdale Asylum was built and completed in 1821. The total expenditures for land and buildings at Bloomingdale up to 1827, was $260,000. The State of New York contributed to the Governors of the New York Hospital up to 1844, to accommodate insane patients, as stated by Dr. Brigham, $550,000.

Notwithstanding this munificent endowment, the management did not open its doors to the insane poor, whose conditions were, to the last degree, deplorable, and Gov. THROOP, in his message in 1830, called the attention of the State to the wretched state of the insane. A Legislative Committee investigated the New York Hospital, and reported to the Legislature in April, 1830, that changes were needed, and a new State Institution imperatively demanded. A Committee composed of Hon. A. C. PAIGE, ELI SAVAGE and PETER GANSEVORT was appointed, who visited asylums, and investigated the subject, and reported at the Session of 1831, recommending a State Institution, in which more advanced views were given of the whole subject, and praise given of the efforts of *Pinel* in France and of *York* in England.

At same session another select Committee was appointed, of which Mr. Potter was named Chairman, who submitted a bill, which was, however, not passed. In

1832 a select Committee was named in the Legislature on same subject, W. J. C. Kemble, Chairman, who also reported a bill which met a similar fate. In 1834 Gov. MARCY made an eloquent appeal to the Legislature for a State Institution, and Hon. AMASA J. PARKER was named Chairman of a select Committee to examine the subject, who reported a bill, which, however, did not pass.

In 1835 the House passed a bill on the subject. but it did not pass the Senate.

In 1836 the State Medical Society memorialized the Legislature in favor of a State Asylum, and on March 30, 1836, an act was passed authorizing the selection of a site, and naming commissions to construct a State Institution. The site was not selected until the summer of 1837, at a cost of $16,300, the State paying $10,000 and the citizens of Utica the remaining $6,300.

The Commissioners commenced work, and reported their plan of an institution on January 24, 1839, to cost $431,636, the foundations of which they had laid, and that they had expended $46,881.79 of the $50,000 placed at their disposal. They asked for $100,000 to carry forward the work. The Legislature granted $75,000 limited to work on the main building.

May 14, 1840, $75,000 more was appropriated, and like sums in 1841 and 1842, and on April 7, 1842, an act was passed organizing the institution, and naming its first Board of Managers, to whom was entrusted its government. Dr. T. Romeyn Beck was one of the first Board of Managers, Dr. AMARIAH BRIGHAM was made Medical Superintendent, and Dr. H. A. BUTTOLPH Assistant Physician, and on January 16, 1843, the N.Y. State Asylum at Utica, New York, was opened; 276 patients were admitted the first year, 275 the second, 293 the third, 337 the fourth, 428 the fifth. The Trustees recommended in 1843 a plan of enlarging the buildings by wings at right angles to the main building, which was approved by the State, $60,000 appropriated for the purpose, additions made the farm, increased to 133 acres, and $17,000 more was contributed in 1846 to finish the additions, which were completed in 1847, the total appropriations then aggregating $448,890.

In 1849 Dr. Brigham died. and he was succeeded as Superintendent by Dr. N. D. BENEDICT, formerly of Blockley Hospital. Phil., Pa., who served until his health failed, and he resigned June 10, 1854. Dr. JOHN P. GRAY, who had been first assistant physician under him, was appointed Superintendent, which place he held until his death last autumn, when Dr. J. ALDER BLUMER, who had served as first assistant under him, was appointed Superintendent, and is now in charge of the institution.

The cut here presented is from the 25th Annual Report made by the Managers and Superintendent to the Legislatture, for the year 1867, twenty years since, and the sketch relates, like the cut, to the early history of the institution rather than its present state. Later legislation provided for additional State Institutions for the Insane at BUFFALO, WILLARD, MIDDLETOWN, AUBURN, BINGHAMPTON, each worthy of special mention, the history of which would bring the history of State provision for the insane from the date of the publication of the cut to the present time.

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